

**HEALTH SUITE MEMBERSHIP APPLICATION
CORBY EAST MIDLANDS INTERNATIONAL POOL**

NAME _____

ADDRESS _____

TELEPHONE NUMBER _____

HEALTH CHECK QUESTIONNAIRE

Before using the Health Suite, it is important for your own safety that you answer the following questions:

Please Circle

Are you pregnant? YES NO

Are you a diabetic? YES NO

Do you have a heart diabetic YES NO

Do you suffer from circulatory problems? YES NO

Do you have low or high blood pressure? YES NO

Do you have any infections skin conditions? YES NO

Do you have any illness that may affect your ability to perspire. YES NO

Do you have any condition which may be affected YES NO

If you have answered YES to any of the above questions a letter may be required from your Doctor to state you are able to use the Health Suite.

Fitness Declaration

I declare that to the best of my knowledge I know of no reason why I should not use the Health Suite.

Signed _____ Date _____