

# Gym Membership Form Sample with Medical Questionnaire

Our **gym membership form sample with medical questionnaire** ensures a comprehensive and safe enrollment process by collecting essential health information. This form helps gyms tailor fitness programs to individual needs and prevents potential health risks. Streamline your membership registration while prioritizing members' well-being and safety.

Personal Information

Full Name:

Date of Birth:

Email Address:

Phone Number:

Emergency Contact Name:

Emergency Contact Phone:

Medical Questionnaire

Please answer the following questions honestly. All responses will be kept confidential.

1. Do you have any known medical conditions (e.g., heart disease, diabetes, asthma)?

☐ Yes

☐ No

If yes, please specify:

2. Are you currently taking any medication?

☐ Yes

☐ No

If yes, please specify:

3. Have you ever experienced chest pain or dizziness during physical activity?

☐ Yes

☐ No

4. Do you have any allergies?

☐ Yes

☐ No

If yes, please specify:

5. Has your doctor ever advised against participating in physical activity?

☐ Yes

☐ No

Terms and Conditions

☐

I confirm that the above information is accurate to the best of my knowledge and understand that it is my responsibility to consult a physician if I have any health concerns.

[Submit Membership Form](#)