



Please return to the Memberships Department once completed.

Gym Inducted? _____ PP Package? _____
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POWER PLATE INTRODUCTION FORM

Membership No:

MEDICAL QUESTIONNAIRE

TITLE: Mr / Mrs / Miss / Ms / Other _____ SURNAME: _____ FIRST NAME: _____

Date of birth: _____ AGE: _____ MALE / FEMALE: _____

ADDRESS: _____ POSTCODE: _____

OCCUPATION/JOB: _____ HOME TEL: _____ WORK TEL: _____

Please read the following questions carefully and answer each one honestly. Take your time and make sure you understand each question before you answer. If you have any questions please ask for advice.

If you have any of the following conditions, the Power Plate is not suitable for you:

- An acute disease (ie Cancer) YES ___ NO ___
- Wearing a pace maker YES ___ NO ___
- New inflammations YES ___ NO ___
- Pregnancy, or have recently given birth YES ___ NO ___
- Acute Thrombosis Conditions YES ___ NO ___
- Osteoporosis in an advanced stage YES ___ NO ___
- Fresh wounds as a result of surgery or outpatient procedures YES ___ NO ___
- Bone or joint injury made worse by exercise YES ___ NO ___
- Any pain in the chest when doing physical exercise YES ___ NO ___
- Detached retina YES ___ NO ___

If you answer Yes to any of the following you will need a DOCTOR'S NOTE before taking part in any exercise programme:

- Has your Doctor ever said that you have a Heart and/or vascular condition and that you should only do physical activity recommended by a Doctor YES ___ NO ___
- Have you got Epilepsy, or had an attack within the last 5 years, or is it brought on by exercise? YES ___ NO ___
- High Blood Pressure more than 140/90 YES ___ NO ___
- Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or a heart condition? YES ___ NO ___

If you have any of the following you need to check with the Instructor and further advice may be sought from Power Plate.

- Acute Migraine YES ___ NO ___
- Retinal damage (NB NOT suitable if detached retina) YES ___ NO ___
- Acute hernia, discopathy, spondylolysis YES ___ NO ___
- Recent hip or knee replacements (implants) YES ___ NO ___
- Recently fitted IUD's Coils, metal pins, bolts or plates (within 3-6months) YES ___ NO ___
- Severe diabetes YES ___ NO ___
- Dizziness or loss of balance YES ___ NO ___

Do you know of any other reason why you should not do physical activity? _____

Continued on next page:

Informed Consent:

Participation in any Power Plate® training program

Explanation of a Power Plate® training session

The session will consist of activities that are designed to gradually improve the efficiency with which the body functions, although no guarantee of improvement can be made. Exercise levels will be progressive and will be regulated by the trainer. During the session, and for a period after, you may experience local muscular soreness and slight fatigue. These minor discomforts should disappear within 48 hours.

Risks and discomforts of **Acceleration Training™** exercise on Power Plate® equipment

The reaction of the body to such activities cannot always be predicted. There exists the risk of certain changes occurring during or following exercise, including abnormalities of blood pressure, heart rate or in rare instances, cardiac complications. Should you feel unwell or unsure please let the trainer know immediately. Every effort will be made to avoid any adverse reaction. Your trainer is qualified in emergency resuscitation (CPR), is aware of the emergency procedures and will minimise the risk of any unexpected events, should they occur. A doctor will not be present during the sessions.

Confidentiality

All information acquired during Power Plate® training sessions will be treated as privileged and confidential.

Enquiries

You are free to stop the session at any time. Please make sure that before signing this form all your questions have been answered. Take as much time as necessary to think it over and if you wish, discuss your participation with your doctor.

Signed: _____

Date: _____

Instructors Signature: _____

Instructors Name: _____

OFFICE USE ONLY:

Pending Doctors Note: _____ Dr's note attached: _____