

TOP GYMNASIUM



SURNAME: _____

NAME: _____

DATE OF BIRTH:

Y	Y	M	M	D	D

GENDER: _____

HEIGHT: _____ m

WEIGHT: _____ kg

REASON FOR JOINING:

(Mark applicable box)

- ☐ I want to become fit
- ☐ I want to stay fit
- ☐ I want to lose weight
- ☐ I want to control my weight
- ☐ I want to build muscles

HEALTH PROBLEMS:

(Mark applicable box)

- ☐ High blood pressure
- ☐ Heart problems
- ☐ Diabetes
- ☐ Back problems
- ☐ None

Any other health problems?

Name: _____

Signature

Date

For office use only

Refer for medical examination
Special diet
Special exercise programme

Yes	No