

Exercise Pre-Screening Tool

Name _____

Date _____

Please circle/ highlight correct response

- | | | |
|--|-----|----|
| 1. Has your doctor ever told you that you have a heart condition or have you ever suffered from a stroke? | YES | NO |
| 2. Do you ever experience unexplained pains in your chest at rest or during physical activity/exercise? | YES | NO |
| 3. Do you ever feel faint or have spells of dizziness during physical activity/exercise that causes you to lose balance? | YES | NO |
| 4. Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months? | YES | NO |
| 5. If you have diabetes (type I or type II) have you had trouble controlling your blood glucose in the last 3 months? | YES | NO |
| 6. Do you have any diagnosed muscle, bone or joint problems that you have been told could be made worse by participating in physical activity/ exercise? (e.g. Arthritis, bone fractures, dislocations, chronic muscle fatigue, osteoarthritis, osteoporosis, MS, scoliosis, spondylolisthesis, spondylolysis, Parkinsons disease, cerebral palsy, serious sprains or strains) | YES | NO |
| 7. Do you have any other medical condition(s) that may make it dangerous for you to participate in physical activity/exercise? (e.g. Acute injury, hypertension, hypotension, limiting back or foot pain, pregnancy, transplants, balance problems, cancer, epilepsy) | YES | NO |

If you had 7/7 'no' then you can proceed with registration.

If you had ANY 'yes' then please email instructor at strengthconditioning@elthamredbacksfc.org.au . A doctors certificate may be required for participation to ensure your health and safety.

By signing my name below I believe that to the best of my knowledge all the above information above is true.

Informed consent for participant

I understand that undertaking a fitness class may include exercises to build the cardio-respiratory system, musculoskeletal system and body composition (i.e. decrease in body fat with an increase of weight of muscle mass, for those requiring to lose body fat).

Potential risks

I understand that there exists the possibility that certain abnormal changes may occur during or following exercise which cannot always be predicted, such as blood pressure, heart rate, ineffective functioning of the heart and in rare instances, heart attack.

I understand that use of weightlifting equipment and performance of body callisthenics can lead to musculoskeletal pain, strain and injury if I am not properly warmed up and if not done in a gradual progression and following safety procedures.

*I understand that I am required to advise of any changes to my condition as provided above.
I give permission to contact my emergency contact or doctor, when and if required.*

Privacy

I acknowledge the information provided in this form will remain confidential and will be maintained accordingly.

Signature _____

Date _____

EMERGENCY CONTACT

Name: _____ **Relationship:** _____

Contact No: _____

Doctor Name & No: _____

Doctor's Surgery: _____