

ADULT PRE-EXERCISE SCREENING TOOL

This screening tool does not provide advise on particular matter, nor does it substitute for advice from an appropriately qualified medical professional. No warranty of safety should result from its use. The screening system in no way guarantees against injury or death. No responsibility or liability whatsoever can be accepted by Southern Midlands Council for any loss, damage or injury that may arise from any person acting on statement or information contained in this tool.

Name Date of Birth

Member Number

1.	Has your doctor ever told you that you have a heart condition or have you ever suffered a stroke?	Yes	No
2.	Do you ever experience unexplained pains in your chest at rest or during physical activity?	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?	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?	Yes	No
7.	Do you have any other medical condition(s) that may make it dangerous for you to participate in physical activity/exercise?	Yes	No

IF YOU ANSWERED 'YES' to any of the 7 questions, please seek guidance from your GP or appropriate allied health Professional prior to undertaking physical activity/exercise.

IF YOU ANSWERED 'NO' to all 7 questions, and you have no other concerns about your health, you may proceed to undertake light-moderate physical activity/exercise.

I believe to the best of my knowledge, all of the information I have supplied within this tool is correct.

Signature: _____

Date: _____

Further Questions:

1.	Have you spent time in hospital over the last 12 months (including day admission for any medical condition/illness or injury)? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, provide details
2.	Are you currently taking a prescribed medication(s) for any medical condition? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, provide details
3.	Are you pregnant or have you given birth within the last 12 months Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, provide details
4.	Do you have any muscle, bone or joint pain or soreness that is made worse by particular types of activity? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, provide details

I believe, that to the best of my knowledge, all of the information I have supplied within this tool is correct.

Signature: _____ Date: _____

Personal Motivation For Membership

- | | | | |
|---------------------|--------------------------|----------------------------|--------------------------|
| Improve Health | <input type="checkbox"/> | Improve Sports Performance | <input type="checkbox"/> |
| Improve Fitness | <input type="checkbox"/> | Weight Loss | <input type="checkbox"/> |
| Improve Flexibility | <input type="checkbox"/> | Stress relief | <input type="checkbox"/> |
| Improve Muscle Tone | <input type="checkbox"/> | Improve Strength | <input type="checkbox"/> |
| | | Injury Recovery | <input type="checkbox"/> |

Personal Preference For Fitness

- | | | | |
|--------------------------------|--------------------------|------------------------------|--------------------------|
| Personal Training | <input type="checkbox"/> | Group Fitness classes | <input type="checkbox"/> |
| Boxing | <input type="checkbox"/> | Body Weight Training | <input type="checkbox"/> |
| High Intensity Training (HITs) | <input type="checkbox"/> | Functional Strength Training | <input type="checkbox"/> |
| Staying Active (Senior) | <input type="checkbox"/> | Small Group Training | <input type="checkbox"/> |
| Cardio Equipment | <input type="checkbox"/> | Stretching | <input type="checkbox"/> |
| Free Weights | <input type="checkbox"/> | | |
| Cable Weights | <input type="checkbox"/> | | |