

# ADULT PRE-EXERCISE SCREENING TOOL

This screening tool does not provide advice on a 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 Exercise and Sports Science Australia, Fitness Australia or Sports Medicine Australia for any loss, damage or injury that may arise from any person acting on any statement or information contained in this tool.

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male  Female  Date: \_\_\_\_\_

## STAGE 1 (COMPULSORY)

AIM: to identify those individuals with a known disease, or signs or symptoms of disease, who may be at a higher risk of an adverse event during physical activity/exercise. This stage is self administered and self evaluated.

Please circle response

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/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?	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 of the 7 questions, and you have no other concerns about your health, you may proceed to undertake light-moderate intensity physical activity/exercise

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

Signature \_\_\_\_\_ Date \_\_\_\_\_



## Medical Questionnaire

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Number: \_\_\_\_\_

### Medical History:

Have you every undergone surgery? If so what was procedure & when did it occur?

---

---

Have you ever suffered a broken bone? If so which one(s)

---

---

Have you ever suffered from joint injury? If so which joint(s)

---

---

Have you ever suffered from a lower back injury or experienced lower back pain?

---

---

Do you currently take any prescribed medications or supplements? If so please list them:

---

---

**Health Diagnosis (please circle either YES or NO)**

**Have you ever experienced?**

Heart Attack	<b>YES or NO</b>	High Cholesterol	<b>YES or NO</b>
Heart Palpitations	<b>YES or NO</b>	Diabetes	<b>YES or NO</b>
Family history of Heart Attack	<b>YES or NO</b>	Epilepsy	<b>YES or NO</b>
Chest discomfort with exertion	<b>YES or NO</b>	Asthma	<b>YES or NO</b>
Breathlessness	<b>YES or NO</b>	Blood Infections	<b>YES or NO</b>
Dizziness, blackouts, fainting	<b>YES or NO</b>	Stroke	<b>YES or NO</b>
Hypertension	<b>YES or NO</b>	Arthritis	<b>YES or NO</b>

**Do you currently or previously?**

Smoke **YES or NO**  
Consume alcohol **YES or NO**

**Please tick if applicable:**

Pregnant or have recently given birth   
Trying to conceive   
Postmenopausal

If any of the above have been circled YES please detail:

---

---

---

---

Is there any other physical reason that prevents you from participating in an exercise program?

---

---

---

**Informed Consent to Exercise:**

I, \_\_\_\_\_ understand that in signing this document; affirm that I have read this form in its entirety and that all questions have been answered to the best of my knowledge & satisfaction. My participation in any proposed exercise regime is totally voluntary & I assume the risk of such exercise, and further agree to hold harmless Jenz Fitness from any and all claims, suits, losses, or related cause of action for damages, including, but not limited to, such claims that may result from my injury or death, accidental or otherwise arising in any way from the exercise regime.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_