

This questionnaire does not provide advice. Nor does it substitute for advice from an appropriately qualified medical professional.

Fitness First Australia Pty Ltd gives no warranty of safety resulting from its use. The use of this pre screening questionnaire in no way guarantees or safeguards against any injury or death sustained as a consequence of undertaking activities in our Clubs.

No responsibility or liability whatsoever can be accepted by Fitness First Australia for any loss, damage, illness, injury or death that may arise from any person acting on any statement or information contained in this document.

PERSONAL DETAILS

Name: _____ Phone: _____ ☐ H ☐ F DOB: _____

Address: _____

Emergency Contact: _____ Phone: _____

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 checklist is self administered and self evaluated.

1. Have you ever suffered or been told by a doctor that you have suffered a stroke?	<input type="checkbox"/> yes	<input type="checkbox"/> no
2. Has your doctor ever told you that you have a heart condition?	<input type="checkbox"/> yes	<input type="checkbox"/> no
3. Do you ever experience unexplained pains in your chest at rest or during physical activity/exercise?	<input type="checkbox"/> yes	<input type="checkbox"/> no
4. Do you ever feel faint or have spells of dizziness during physical activity/exercise that causes you to lose balance?	<input type="checkbox"/> yes	<input type="checkbox"/> no
5. Have you had an asthma attack requiring medical attention at any time over the last 12 months?	<input type="checkbox"/> yes	<input type="checkbox"/> no
6. If you have diabetes (type I or type II) have you had trouble controlling your blood glucose in the last 3 months?	<input type="checkbox"/> yes	<input type="checkbox"/> no
7. Do you have any other medical condition(s) that may make it dangerous for you to participate in physical activity/exercise?	<input type="checkbox"/> yes	<input type="checkbox"/> no
8. 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?	<input type="checkbox"/> yes	<input type="checkbox"/> no

Any additional comments or relevant information:

IF YOU ANSWERED "YES" to any of the Questions 1 - 8 please consult a GP or appropriate Allied Health Professional to seek clearance/ approval to undertake physical activity/exercise in our clubs.

If a future change in your health, medical or physical capacity would lead you to respond 'yes' to any of the Questions 1-8, please consult your GP or Allied Health Professional before undertaking further physical activity or exercise in Fitness First Clubs.

Pre Exercise And Lifestyle Questionnaire Template

James M. Rippe



Pre Exercise And Lifestyle Questionnaire Template:

Whispering the Secrets of Language: An Emotional Journey through **Pre Exercise And Lifestyle Questionnaire Template**

In a digitally-driven world where screens reign great and instant transmission drowns out the subtleties of language, the profound strategies and psychological nuances hidden within words usually get unheard. However, located within the pages of **Pre Exercise And Lifestyle Questionnaire Template** a fascinating literary value pulsing with fresh thoughts, lies an extraordinary journey waiting to be undertaken. Composed by a talented wordsmith, that enchanting opus invites viewers on an introspective trip, gently unraveling the veiled truths and profound impact resonating within ab muscles fabric of every word. Within the psychological depths of this moving review, we can embark upon a genuine exploration of the book is core styles, dissect their interesting publishing design, and fail to the strong resonance it evokes strong within the recesses of readers hearts.

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