INNER WEST

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 Inner West Council for any loss, damage or injury that may arise from any person acting on any statement or information contained in this tool.

Name of Class:	**Date attending:**

Name of Client:	**Gender:**	**DOB:**

STAGE 1 - PERSONAL HEALTH HISTORY

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.

		*Select **Yes** or **No** if applicable*	
		Y	**N**
1.	Has your doctor ever told you that you have a heart condition or have you ever suffered a stroke?	☐	☐
2.	Do you ever experience unexplained pains in your chest at rest or during physical activity/exercise?	☐	☐
3.	Do you ever feel faint or have spells of dizziness during physical activity/exercise that causes you to lose balance?	☐	☐
4.	Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months?	☐	☐
5.	If you have diabetes (Type I or Type II) have you had trouble controlling your blood glucose in the last 3 months?	☐	☐
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?	☐	☐
7.	Do you have any other medical condition(s) that may make it dangerous for you to participate in physical activity/exercise?	☐	☐
8.	Has your GP cleared you for exercise after giving birth?	☐	☐

Please elaborate on any of the above:

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

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

Emergency Contact Information

Contact:________________________________ **Relationship:**________________ **Mobile:**________________

For the Client: I believe that to the best of my knowledge all the information I have supplied within this Adult Pre-Exercise Screening Form is correct.

Signature:

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