

Pre-Exercise Questionnaire

This Questionnaire is to be completed by ALL participants and submitted with the Enrolment Form on an annual basis.

Full name:

Date of birth:

Class/es for enrolment:

Healthy Lifestyle considers the safety of participants to be of paramount importance. To ensure your safety to participate and to determine if further advice from your doctor is required please answer the following Pre-Exercise screening questions below, to the best of your knowledge.

Please tick the "Yes" or "No" box to answer every question below:

- | No | Yes |
|--|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| 1. Has your doctor ever told you that you have a heart condition or have you ever suffered a stroke?
(Heart conditions include, but are not limited to: post myocardial infarction (heart attack), angina, coronary artery bypass, coronary angioplasty, heart failure, cardiomyopathy, heart transplant, pacemaker insertion, congenital heart disease, heart valve disease and peripheral artery disease) | |
| <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you ever experience unexplained pains in your chest at rest or during physical activity/exercise?
(Any unexplained chest pain that feels like constriction, burning, knifelike pains and/or dull ache) | |
| <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you ever feel faint or have spells of dizziness during physical activity/exercise that causes you to lose balance?
(Examples of dizziness may include, but are not limited to: lightheadedness or the feeling of nearly fainting, loss of balance or other sensations such as floating or swimming) | |
| <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months?
(Medical attention refers to a medical practitioner or hospital visit following an asthma attack. It does not include the self administration of medications prescribed for asthma) | |
| <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If you have diabetes (type I or type II) have you had trouble controlling your blood glucose in the last 3 months?
(Trouble controlling blood sugar refers to suffering from hyperglycaemia (high) or hypoglycaemia (low)) | |
| <input type="checkbox"/> | <input type="checkbox"/> |
| 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? (Examples include, but not limited to: recent bone fracture/s, surgeries or injuries) | |
| <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have any other medical condition(s) or recent changes in your health status that may require special consideration for you to exercise? (Examples include, but not limited to: acute injury, epilepsy, transplants, cancer) | |
| <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Has Healthy Lifestyle asked you to provide a Medical Clearance since you last enrolled due to Leader or refund request? | |

If you answer "Yes" to any of these questions, please ask your Doctor to complete the Healthy Lifestyle Medical Clearance Form to confirm your suitability to safely participate. If you are unsure about your answers to the above questions, please discuss further with your Doctor.

If you answer "No" to all questions, you may enrol in a Healthy Lifestyle exercise class without a Medical Clearance. Please submit this signed and completed Questionnaire. If your medical/health status does change, you are advised to inform your Exercise Leader and consult with your Doctor regarding your suitability to safely participate. You may be requested to provide a Medical Clearance.

PARTICIPANT'S CONSENT

I, _____, wish to enrol in the above listed Healthy Lifestyle exercise class/es and am willing to acknowledge that:

- I have completed the above Pre-Exercise Questionnaire, honestly and to the best of my knowledge and will seek the advice of my medical Doctor, where indicated, regarding my suitability to participate in group-based exercise.
- I will inform the Exercise Leader should there be any change in my health status or medications which may affect my ability to participate.

By signing this form, I acknowledge that I have read all of the above information and I consent to participating in the Healthy Lifestyle exercise class/es and acknowledge the risks involved.

Full name (please print):

Signature: _____

Date: _____