

fit habitz

Physical Activity Screening Form

Dear Participant

Regular physical activity should be fun and positive providing a wide range of immediate and long term improvements in health which can lead to an enhanced quality of life. The benefits of exercise far outweigh the risks, however a small number of people may be at risk when exercising. To help me provide the highest level of safety and care throughout your physical activity program please complete and sign the questionnaire. This information is confidential and will be treated as per the amended Privacy Act 1988.

NAME: _____ DOB: _____ M/F

ADDRESS: _____

PHONE: (H) _____ (W) _____ (M) _____ EMAIL: _____

EMERGENCY CONTACT PERSON: _____ (PH): _____

1: Do you have, or ever had:

- | | |
|--|---|
| <input type="checkbox"/> Any heart condition, please specify | <input type="checkbox"/> Epilepsy or seizures/convulsions |
| <input type="checkbox"/> Family history of heart disease | <input type="checkbox"/> Heat stroke/heat related illness |
| <input type="checkbox"/> Diabetes Type 1 or Type 11 | <input type="checkbox"/> Liver or kidney condition |
| <input type="checkbox"/> High blood pressure,specify when last taken | <input type="checkbox"/> Brain or spinal injury |
| <input type="checkbox"/> Raised cholesterol | <input type="checkbox"/> Nervous system injury |
| <input type="checkbox"/> Coughing during or after exercise | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Asthma or breathing problems | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Fainting/dizzy spells | <input type="checkbox"/> Are you pregnat |
| <input type="checkbox"/> Any other medical condition please specify | |

2: If you ticked any of the above conditions, has a doctor treated that condition(s)?

Yes No

If yes does the treatment prevent participation in any physical activity to your knowledge?

Yes No

3: Do you take medication/s for any of the above condition(s) or any other medication on a regular basis?

Yes No

If yes please describe any side effects of the medication. _____

4: If you use a puffer/medication for asthma, please attach your asthma management plan to this form. Your medication must be in your possession to be able to participate in each training session.

Management plan attached: Yes

5: Do you have any allergies which may affect your capacity /ability to exercise?

Yes No

If yes what are you allergic to? _____

6: Do you have any difficulty with: Vision Hearing Language/Speech Balance Motor Sensory Skills

7: In the last 12 months have you had any surgery?

Yes No

If yes what was the surgery for? _____

8: In the last 12 months have you had:

A broken bone or bones?	Yes	No	Joint pain whilst exercising?	Yes	No
Muscular pain whilst exercising?	Yes	No	Bone pain whilst exercising?	Yes	No

If yes please explain exactly where the break, bone pain, or joint pain or muscle pain was: _____

9: Do you currently participate in regular physical activity?

Yes No

What type of activity, how often, intensity? _____

10: What type of exercise do you enjoy participating in?

Client consent

- I am aware of the nature of the physical activity program that I am about to undertake and I have clearly outlined above any medical conditions that may prevent me from full participation in the program.
- The above information is, to the best of my knowledge, correct and I will inform the instructors of any changes to either my health or condition that may require a change in program prescription or activity involvement.
- I understand that in the case of an emergency should i require urgent medical or hospital treatment, i will be transported to hospital by ambulance at my own expense and I accept responsibility for all expenses incurred.
- In consideration of my participation in this program, I agree to release Fit Habitiz instructors, their agents and representatives from any liability for accidental injury or illness, which may occur as a result of participating in the physical activity program. Fit Habitiz instructors are aware of their duty of care for program participants. However it is the responsibility of each participant to exercise with caution and only engage in the program to the level of their own ability and confidence.
- Fit Habitiz acknowledges and respects the privacy of individuals. The information that is collected in this questionnaire is for the sole purpose of providing you with an appropriate physical activity program, specific to your needs and physical ability. The personal health information collected is required to determine pre-existing conditions, which may influence your ability to participate in a physical activity program.
- I have read this statement carefully and agree to its contents and this declaration.

Name: _____ Signature: _____ Date: _____