

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 _____	<input type="checkbox"/> M <input type="checkbox"/> F    DOB _____
Address _____		
Emergency Contact: _____	Phone _____	
<p>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.</p>		
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
<p>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.</p> <p>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.</p>		

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

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

**\*To be completed by user's Parent or Legal Guardian if user is under the age of 18 years.**

Name of Parent/Legal Guardian (if applicable)\*: \_\_\_\_\_

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

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