



Pre-Exercise Screening Questionnaire

Prior to commencing any exercise program you must complete a pre-exercise screen in order to assess your suitability to exercise and to assist us in providing you with the correct exercise guidance. This information will be treated as confidential and will not be released without your written consent, except where required by law.

Full Name

Street Address

City

State

Post Code

Gender Female

Date of Birth

Male

Mobile Phone

Email Address

Occupation

What exercise are you currently doing and for how long (frequency of sessions/length of time/intensity)?

What are your primary goals you wish to aim for and in what timeline

EMERGENCY CONTACT INFORMATION

Contact Name

Contact Phone Number

Relationship

MEDICAL CONSIDERATIONS

Have you had: (please check all that apply) If you checked yes to any of the Heart concerns, please provide details below including the approx. date it occurred.

- A Heart Attack
- Heart Failure
- Congenital Heart Disease
- Heart Surgery
- Heart Valve Disease
- A Pacemaker
- A Heart Transplant

Symptoms - do you experience: (please check all that apply) If you checked yes to any of the Symptoms, please provide details below including the triggers of each episode

- Chest discomfort with exertion
- Unreasonable breathlessness
- Dizziness, fainting, blackouts

Other Health Concerns: (please check all that apply) If you checked yes to any of the Other Health Concerns, please provide details below

- Take prescription medications
- Trying to conceive
- Are pregnant
- Given birth within the last 6 weeks (natural) or 10 weeks (C Section)

If you answered YES to any of the above questions you may have to visit an allied health professional or medical practitioner before commencing an exercise program

Are you If you answered yes to being a smoker, how many would you average to smoke in a day?

- Male, over 45 years
- Female, over 55 years
- Post menopausal
- A smoker
- Physically inactive

Do You: (please check all that apply) If you checked yes to any, please provide details

- Have BP>140/90mmHg
- Take BP medication
- Have high cholesterol
- Have diabetes
- Have asthma
- Have a family history of Heart Attack
- Have epilepsy
- Have arthritis

If you answered YES to 2 or more of the above questions you may have to visit an allied health professional or medical practitioner before commencing an exercise program

Do you have any joint or muscle pain?

If you checked yes, please provide details

Yes

No

Do you have any existing or previous injuries?

If you checked yes, please provide details

Yes

No

Do you take any pills, tablets, or supplements

If you checked yes, please provide details

Yes

No

Are there any other medical conditions not covered above that may impact you undertaking an exercise program?

If you checked yes, please provide details

Yes

No

WARNING: THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR RIGHTS

Agreement for participating in personal/group strength, fitness and conditioning training

The 'Trainer' refers to the Australian Registered Business 'Designed2Fit'.

The 'Activity' refers to the participation in personal/group strength, fitness and conditioning training and general advice.

- I acknowledge that it is a condition of participating in this activity that I do so at my own risk
- I accept all risks and hereby indemnify and release the trainer, their agents, affiliates, employees, members, sponsors, promoters and any person or body directly and indirectly associated with the Trainer, against all liability (including liability for their negligence and the negligence of others) claims, demands, and proceedings arising out of or connected with my participation in this activity.
- This release and indemnity continues forever and binds my heirs, successors, executors, personal representatives and assigns
- I acknowledge that participating in this activity may involve a risk of serious injury or even death from various causes including: over exertion, dehydration, equipment failure and accidents with equipment and surroundings
- I recognize the difficulties associated with the activity and attest I am physically fit to participate safely in the activity and that a qualified medical practitioner has not advised me otherwise
- I understand the demanding physical nature of this activity. I am not aware of any medical condition, injury or impairment that will be detrimental to my health if I participate in this activity. In the event that I become aware of any medical condition, injury or impairment that may be detrimental to my health if I participate in this activity my Trainer will be immediately informed. By continuing to participate in this activity, I accept the risks despite these conditions and am still, and will always be under the terms of this agreement.
- I certify that I am 18 years or older and have read this document and fully understand it OR
- As a parent or guardian of the participant (a) I agree to the above for myself and on behalf of the participant and (b) I indemnify and will keep indemnified any person or body directly or indirectly associated with the conduct of the activity on the terms referred to
- I do hereby give Designed2Fit, its assignees, licensees, and legal representatives the irrevocable right to use my name, picture, portrait, or photograph in all forms and media and in all manners, including composite, for advertising, for publication or any other lawful purposes, and I waive any right to inspect or approve the finished product, including written copy, which may be created in connection therewith.

Signature

Full Name

Date

Name of Trainer

Signature of Trainer

Please complete your form online and email a copy to info@designed2fit.com.au. Please keep a copy for your records. Please ensure the trainers at Designed2Fit are kept up to date should any of these medical considerations change. With thanks.

