

PRE-ACTIVITY QUESTIONNAIRE

In preparation for physical activity, please tell us about ALL of your existing medical and physical conditions, and who to contact in an emergency. It is your responsibility to complete this form before participating in any physical activity. For any conditions that can be affected by exercise, you may be asked to consult your doctor and obtain a written medical clearance to exercise. Please give this clearance to your Coach. The information contained will be treated as confidential and only revealed to relevant team players (staff) for your safety.

Please note that it is your responsibility to inform us of any changes in your medical or physical condition during your studies with the Institute.

EMERGENCY CONTACT ONE

Name

Telephone (h)

Telephone (w)

EMERGENCY CONTACT TWO

Name

Telephone (h)

Telephone (w)

DO YOU HAVE, OR HAVE YOU HAD, ANY OF THE FOLLOWING CONDITIONS? CIRCLE EITHER YES OR NO

Y	N	Arthritis	Y	N	Heart problems/disease
Y	N	Asthma	Y	N	High cholesterol
Y	N	Diabetes	Y	N	Stroke
Y	N	Epilepsy	Y	N	Family history of heart disease or stroke
Y	N	Osteoporosis	Y	N	High or low blood pressure (please circle)
Y	N	Dizziness	Y	N	Any other conditions? Please describe below
Y	N	Chest pain			<input type="text"/>

DO YOU HAVE, OR HAVE YOU HAD, ANY JOINT PROBLEMS, PAINS OR INJURIES IN ANY OF THE FOLLOWING REGIONS?

Y	N	Ankles/feet	Y	N	Shoulders	Y	N	Muscular Pain
Y	N	Knees	Y	N	Neck	Y	N	Other? Please describe below
Y	N	Hips/pelvis	Y	N	Elbows			<input type="text"/>
Y	N	Lower Back	Y	N	Wrists			<input type="text"/>

ARE YOU CURRENTLY TAKING ANY MEDICATION/S?

Y N please describe

ARE YOU, OR HAVE YOU RECENTLY BEEN PREGNANT?

Y N please describe

ARE YOU CURRENTLY EXERCISING?

Y What type?

How hard? Please tick Easy/light Moderate High intensity/hard

How many times per week?

N Have you in the past? Yes No

If yes, what type?

I understand that I may participate in physical activities which may expose me to certain risks and that I do so at my own risk. I will not hold the Australian Institute of Fitness, or any of its servants and agents, liable for any injury, loss, damage or death caused to me or my property whether by negligence, omission, and breach of contract or in any way whatsoever.

I, (full name), undertake to complete a new pre-activity questionnaire in the event of any change in my medical status during the course. I understand that it is my responsibility to advise the Australian Institute of Fitness of any medical/physical conditions that may prevent me from exercising, and that I participate in exercise at my own risk.

Signed Date

OFFICE USE ONLY

Student Declaration checked and relevant information recorded in Edupoint and Communication Log

Coach Signed Date

Data * entered in Edupoint

Angel Signed Date