

# Adult Pre-Exercise Screening Tool

OFFICE USE ONLY  
Staff ID: \_\_\_\_\_

## Member Details

First Name \_\_\_\_\_ Surname \_\_\_\_\_

					RISK FACTORS
Age _____					≥45yrs Males or ≥55yrs Females +1 risk factor
<input type="checkbox"/> Male <input type="checkbox"/> Female					
Family history of heart disease (eg stroke, heart attack)					If male <55yrs =+1 risk factor If Female <65yrs =+1 risk factor  Maximum of 1 risk factor for this question
<b>Relative</b>	<b>Age</b>	<b>Relative</b>	<b>Age</b>		
<input type="checkbox"/> Father		<input type="checkbox"/> Mother			
<input type="checkbox"/> Brother		<input type="checkbox"/> Sister			
<input type="checkbox"/> Son		<input type="checkbox"/> Daughter			
Do you smoke cigarettes? <input type="checkbox"/> Yes <input type="checkbox"/> No How many per day? _____ Have you tried to quit smoking in the last 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No					If yes, (smoke regularly or given up in last 6 months) = +1 risk factor
Describe your current physical activity/exercise levels? <input type="checkbox"/> Sedentary <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Vigorous Sessions per week _____ Duration of sessions _____					If physical activity level <150min/week = +1 risk factor ≥150min/week = -1 risk factor (vigorous physical activity/ exercise +2 risk factor)
Please state your Height (cm) _____ Weight (kg) _____					BMI = _____ BMI ≥ 30kg/m <sup>2</sup> = +1 risk factor
Have you been told that you have high blood pressure? <input type="checkbox"/> Yes <input type="checkbox"/> No					If yes, =+1 risk factor
Have you been told you have high cholesterol? <input type="checkbox"/> Yes <input type="checkbox"/> No					If yes, = +1 risk factor
Have you been told you have high blood sugar? <input type="checkbox"/> Yes <input type="checkbox"/> No					If yes, = +1 risk factor
<b>TOTAL RISK FACTORS =</b>					

## Risk Stratification

**≥2 Risk Factors – Moderate Risk Clients:** Individuals at moderate risk may participate in aerobic physical activity/exercise at a light or moderate intensity (refer to the exercise intensity table). Medical Certificate required.

**<2 Risk Factors – Low Risk Clients:** Individuals at low risk may participate in aerobic physical activity/exercise up to a vigorous or high intensity (refer to the exercise intensity table).

**1) Have you spent time in hospital (including day admission) for any medical condition/illness/injury during the last 12 months?**

Yes  No If yes, provide details.

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**2) Are you currently taking a prescribed medication(s) for any medical conditions?**

Yes  No If yes, provide details.

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**3) Do you have any muscle, bone or joint pain or soreness that is made worse by particular types of activity?**

Yes  No If yes, provide details.

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### Appraisal Information

**What do you hope to achieve during your Membership?**

Muscle Building  Strength Development  Weight Loss  Injury Rehabilitation  
 Muscle Toning  Cardiovascular Fitness  Flexibility  Sports Specific Training

**What type of activities would you like to include in your program to achieve your goals?**

Running/Jogging  Group Fitness Classes  Gym Workouts  
 Walking  Swimming  Personal Training

**Do you often feel tired or stressed?**

Always  Mostly  Occasionally  Never

**Do you drink alcohol, if so are you a....**

Heavy Drinker?  Regular Drinker?  Social Drinker?

**How would you rate your current level of fitness?**

Excellent  Good  Fair  Poor

**Have you ever worked out in a gym before?**

Yes  No

**How often do you eat a nutritionally balanced diet?**

Always  Frequently  Sometimes  Never

### Declaration

I voluntarily submit myself for a series of anatomical and physiological tests. I understand and agree that the Shire of Augusta Margaret River and their respective servants, agents and all others involved, will not be responsible for or under any liability to myself or my estate or dependants arising out of such tests or any injuries sustained by me, including my death.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_