

# Fitness pre-exercise screening

## Participant information

First name	<input type="text"/>	Surname	<input type="text"/>
Male	Female	Other	
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	(DD/MM/YYYY)	
Address	<input type="text"/>	Suburb	<input type="text"/>
		Postcode	<input type="text"/>
Mobile no	<input type="text"/>	Alternative no	<input type="text"/>
Email	<input type="text"/>		

(Email will be used for confirmation of bookings, term timetables, online registration & pool information)

## Emergency contact

First name	<input type="text"/>	Surname	<input type="text"/>
Mobile no	<input type="text"/>	Relationship	<input type="text"/>

In conjunction with Fitness Australia, the questions below are aimed at identifying individuals with any known conditions and/or signs and symptoms of a medical condition who may be at a higher risk of an adverse event due to exercise. An adverse event refers to the consequence of an exercise session which may result in ill health, physical harm or death to an individual.

A Fitness pre-exercise screening form must be completed once every 12 months.

	Yes	No
1. Has your medical practitioner ever told you that you have a heart condition or have you ever suffered a stroke?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you ever experience unexplained pains or discomforts in your chest at rest or during physical activity/exercise?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you ever feel faint, dizzy or lose balance during physical activity/exercise?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
5. If you have diabetes (type 1 or 2), have you had trouble controlling your blood sugar (glucose) in the last 3 months?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have any other conditions that may require special consideration for your exercise?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you given birth within 8 weeks of your anticipated fitness session participation?	<input type="checkbox"/>	<input type="checkbox"/>

This screening tool is part of the [Adult Pre-Exercise Screening System \(APSS\)](#) that also includes guidelines ([see User Guide](#)) on how to use the information collected and to address the aims of each stage. No warranty of safety should result from its use. The screening system in no way guarantees against injury or death. No responsibility or liability whatsoever can be accepted by Exercise & Sport Science Australia, Fitness Australia, Sports Medicine Australia or Exercise is Medicine for any loss, damage, or injury that may arise from any person acting on any statement or information contained in this system.

IF YOU ANSWERED 'YES' to any of the 7 questions, please seek guidance from an appropriate allied health professional or medical practitioner prior to undertaking exercise and receive a medical clearance. A completed medical clearance will be required prior to participating in any fitness programs to avoid any adverse event due to exercise.

# Fitness pre-exercise screening

## Privacy statement

If you are applying for consent as an individual, you may be providing Council with personal information (such as your name and address) within the meaning of the *Privacy and Personal Information Protection Act 1998* and the *Health Records and Information Privacy Act 2002*.

You are obliged by law to provide your name and address. If you do not provide the personal information requested Council may be unable to process your application.

Council is collecting this personal information from you in order to identify and process your application.

You may make application for access or amendment to information held by Council. You may also make a request that Council suppresses your personal information from being made publicly available. Council will consider any such application in accordance with the relevant legislation.

Enquiries concerning this matter can be addressed to Council's Public Officer on 9911 9911.

## Please read & sign

I acknowledge that I have read and understood this Fitness Pre-exercise Screening Form. I give my permission for Enfield Aquatic Centre to retain the information in this form in their membership database for use in relation to pool operations.

Print name	<input type="text"/>
Participant Signature	<input type="text"/>
Date	<input type="text"/> / <input type="text"/> / <input type="text"/> (DD/MM/YYYY)

**Please hand in your completed form to reception or email to [eac@burwood.nsw.gov.au](mailto:eac@burwood.nsw.gov.au)**

## Office use only

Member no	<input type="text"/>
Date	<input type="text"/>
Staff member name	<input type="text"/>
Medical clearance required	Yes      No
Date medical clearance received	<input type="text"/> / <input type="text"/> / <input type="text"/> (DD/MM/YYYY)