

# 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 Instructor. The information contained will be treated as confidential and only revealed to relevant staff for your safety.

**Please note that it is your responsibility to inform us of any changes in your medical or physical condition.**

## 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 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   |   |   |   |

## 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    |   |   |                              |
| Y | N | Lower Back  | Y | N | Wrists    |   |   |                              |

## 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 Central Highlands regional Council, 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 Central Highlands Regional Council and Instructor of any medical/physical conditions that may prevent me from exercising, and that I participate in exercise at my own risk.

Signed \_\_\_\_\_  
(Guardian/ Parent to sign if under 18 years of age)

Date \_\_\_\_\_

## OFFICE USE ONLY

Declaration, checked and relevant information recorded.

Signed \_\_\_\_\_

Date \_\_\_\_\_