

ADULT PRE-EXERCISE SCREENING TOOL

Musculoskeletal Australia wishes to acknowledge that this pre-exercise screening tool was developed by Exercise and Sport Science Australia, AUSactive and Sports Medicine Australia. The tool does not provide advice on a particular matter, nor does it substitute for advice from an appropriately qualified medical professional. No warranty of safety should result from its use. The screening tool in no way guarantees against injury or death.

STAGE 1 (COMPULSORY)

AIM to identify those individuals with a known disease, or signs or symptoms of disease, who may be at a higher risk of an adverse event during physical activity/exercise. This stage is self administered and self evaluated.

Please tick

1. Has your doctor told you that you have a heart condition or have you ever suffered a stroke?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Do you ever experience unexplained pains in your chest at rest or during physical activity/exercise?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Do you ever feel faint or have spells of dizziness during physical activity/exercise that causes you to lose balance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. If you have diabetes (type I or type II) have you had trouble controlling your blood glucose in the last 3 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Do you have any diagnosed muscle, bone, or joint problems that you have been told could be made worse by participation in physical activity/exercise?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Do you have any other medical condition(s) that may make it dangerous for you to participate in physical activity/exercise?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

IF YOU ANSWERED 'Yes' to any of the questions. please seek guidance from you GP or appropriate allied health professional prior to undertaking physical activity/exercise

IF YOU ANSWERED 'NO' to all of the questions, and you have no other concerns about your health, you may proceed to undertake light-moderate intensity physical activity/exercise

I believe that to the best of my knowledge, all of the information I have supplied within this tool is correct.

Name _____

Peer Support Group _____

Type of activity being undertaken _____

Signature _____ Date _____

**Please complete all details and return this form to
The Pool Co-Ordinator along with Self Assessment Form.**

Name

Address

Phone Number/s:

Email Address:

Medication that should be kept poolside

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Relevant information that may assist in an emergency situation, e.g. Allergies

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MEMBER'S EMERGENCY CONTACT DETAILS:

Name

Relationship

Contact Number