



PRE EXERCISE SCREENING FORM

This screening tool is derived by Y Striders Incorporated (hereafter Y Striders) from the Adult Pre-Exercise Screening System (APSS) endorsed by 'Exercise is Medicine Australia', 'Fitness Australia', 'Sports Medicine Australia' and 'Exercise and Sports Science Australia'. No warranty of safety should result from its use. The screening system in no way reduces or removes the risk of injury or death. No responsibility or liability whatsoever can be accepted by the APSS's endorsing bodies for any loss, damage or injury that may arise from any person acting on any statement or information contained in this system.

Full Name: _____
Date of Birth: _____ **Male** **Female** **Other**

Aim:

To identify individuals with known disease and/or signs or symptoms of disease who may be at a higher risk of an adverse event due to exercise. An adverse event refers to an unexpected event that occurs as a consequence of an exercise session resulting in ill health, physical harm or death to an individual.

Please consider the 6 APSS questions (below) and tell your trainer if you have experienced any of the conditions described.

- 1 Has your medical practitioner ever told you that you have a heart condition or have you ever suffered a stroke?
- 2 Do you ever experience unexplained pains or discomfort in your chest at rest or during physical activity/exercise?
- 3 Do you ever feel faint, dizzy or lose your balance during physical activity/exercise?
- 4 Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months?
- 5 If you have diabetes Type 1 or 2, have you had trouble controlling your blood sugar (glucose) in the last 3 months?
- 6 Do you have any other conditions that may require special consideration for you to exercise?

If you have experienced any of these conditions, and this has raised concerns for you and/or the trainer, please seek guidance from your GP or appropriate allied health professional prior to undertaking physical activity and exercise with Y Striders. If you and/or the trainer have no concerns you may undertake light-to-moderate physical activity with Y Striders.

DISCLAIMER

1. To the best of my knowledge I have accurately informed the trainer of any concerns I have about the medical conditions referred to in the 6 APSS questions above.
2. The trainer has recommended that, if answering these questions has raised any medical concerns, I consult a medical practitioner to establish whether I might safely commence light (introductory) exercise programs with Y Striders.
3. I have discussed the duration, frequency and intensity of my current physical activity/exercise levels in a typical week with the trainer.
4. I understand that whilst Y Striders provides guidance in determining members' physical activity/exercise plans it is always up to me, as a member, to determine whether the activities offered in any Y Striders' program are appropriate for my circumstances and to accept or modify them accordingly.
5. Having duly considered all recommendations and guidance, I now wish to participate in Y Striders' physical activities/exercises and accept that I do so at my own risk.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

TRAINER'S SIGNATURE: _____ **DATE:** _____