

# PRE – EXERCISE SCREENING

FULL NAME

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DATE OF BIRTH \_\_\_\_\_ MALE ☐ FEMALE ☐

Please complete the questions below and refer to the figures on page 2. Should you have any questions about the screening form please contact your exercise professional for clarification.

## STAGE 1 (COMPULSORY)

		YES	NO	IF YES PLEASE PROVIDE DETAILS
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 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?			

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**IF YOU ANSWERED ‘YES’** to any of the 6 questions, please seek guidance from an appropriate allied health professional or medical practitioner prior to undertaking exercise.

**IF YOU ANSWERED ‘NO’** to all of the 6 questions, please proceed to question 7 and calculate your typical weighted physical activity

7.	<p>Describe your current physical activity/exercise levels in a typical week by stating the frequency and duration at the different intensities.</p> <p>For intensity guidelines consult figure 2.</p> <p>(Circle the appropriate level)</p> <p><b>Intensity</b>     Light   Moderate   Vigorous</p> <p><b>Frequency</b>     Number of sessions per week _____</p> <p><b>Duration</b>     (total minutes per week)     _____</p>	<p><b>Weighted physical activity/exercise per week</b></p>        <p>Total minutes = (minutes of light + moderate) + (2 x minutes of vigorous/high) TOTAL = _____ minutes per week</p>
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I believe that to the best of my knowledge, all of the information I have supplied within this screening tool is correct.

**CLIENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Figure 2: Intensity Levels

LEVEL	
<b>LIGHT</b>	An aerobic activity that does not cause a noticeable change in breathing rate. An intensity that can be sustained for 60 minutes.
<b>MODERATE</b>	An aerobic activity that is able to be conducted whilst maintaining a conversation. An intensity that may last for 30 – 60 minutes.
<b>VIGOROUS</b>	An aerobic activity in which a conversation generally cannot be maintained uninterrupted. An intensity that may last up to 30 minutes.