**Pre Exercise Screening**

Name: ………………………………….……………………Age: ..........

Mobile: ………………….. Email:……………………………………….

Emergency Contact Person:………………………………….. Phone:………………………………………

**1/ Do you have, or have you had:**

1. heart disease (please specify):

……………………………………...............

1. high blood pressure high cholesterol
2. diabetes
3. lung disorder (eg. asthma, emphysema) …………..………….......................……
4. other cardiac problem (incl. pacemaker,): ……………………………………………
5. no/ or none of the above.

**2/ Have you ever been told you are at risk of:**

1. heart disease high blood pressure
2. high cholesterol diabetes stroke
3. no/ or none of the above.

**3/ Have you ever been told that you have heart problems, eg.:**

1. heart murmur valve defect
2. racing heart irregular beats angina
3. other: …………………………………………
4. no/ or none of the above.

**4/ Do you have, or have you experienced:**

1. epilepsy fainting seizures
2. dizzy spells convulsions
3. no/ or none of the above.

**5/ Do you experience sudden shortness of breath?**Yes No

**6/ Have you ever had pain or pressure, either at rest or during exercise:**

1. in the middle of, or on the left side of, the chest,
2. in the neck region,
3. at the left shoulder or down the left arm.
4. no/ or none of the above.

**7/ Do you take any medications for (please name):**

1. heart disease: ……………………………
2. diabetes:…………………………………..
3. cholesterol:………………………………..
4. blood pressure:…………………………...
5. asthma, breathing problems: …………..

no/ or none of the above.

**8/ Do you have any joint or muscular problems that may affect your ability to train:**

1. Yes No

If yes, please explain: ………………….……………..………

……………………………….………………….…..………..…

…………………………………………………………………...

**10/ Do you have any other conditions or injuries that may affect your ability to train:**

1. Yes No

If yes, please explain: ………………….……………..………

……………………………….………………….…..………..…

…………………………………………………………………

Flinn Fit strongly recommends that you consult your doctor and obtain medical clearance prior to commencing any exercise program, as a certain level of risk is inherit in any exercise program. Any information, instruction or advice obtained from Flinn Fit staff may not be substituted for your doctor’s advice or treatment, and that any instruction or advice is obtained at your own risk. You agree to release and discharge Flinn Fit from any and all responsibilities or liabilities from injury or illness arising from your participation in any activity undertaken with Flinn Fit or upon our advice.

Administration Only - Referral to Medical Practitioner required?

1. **Client is: aged 18-60 and has no risk factors >>> cleared for moderate exercise prescription**
2. **Client responded to one or more of Cardio-Respiratory risks >>> refer to Doctor for clearance**

**If you currently have any sypmtoms of Covid 19 or have had symptoms in the past 14 days please avoid coming to class.**

Signature: : .....................................……….... ......... Date: ……………………….