



EXERCISE PRE-SCREENING QUESTIONNAIRE



This screening 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. This questionnaire in no way guarantees against injury or death. No responsibility or liability whatsoever can be accepted by Headis Australia for any loss, damage or injury that may arise from any person acting on any statement or information contained in this questionnaire.

Name: Surname:
DOB: Age: Gender:
Address: Postcode:
Contact Number: Email:
Emergency Contact: Number:
Relationship:

Table with 4 columns: Question, Yes, No, and If yes, please explain. Contains 7 screening questions about heart conditions, chest pain, dizziness, asthma, diabetes, and other medical conditions.

If you answered 'YES' to any of the above questions, you may be required to seek guidance from your GP or appropriate allied health professional prior to undertaking physical activity/exercise. If you have answered 'NO' to all of the above questions and you believe that you have no other health concerns then you may participate in physical activity.

I believe to the best of my knowledge that all of the information I have provided in this questionnaire is accurate. In the case that it is not or my medical condition changes over the course of my participation I will inform Headis Australia staff immediately and fill out a new exercise pre-screening questionnaire.

Client name: Client Signature: Date:
Staff name: Staff signature: Date:
Approved: Y / N Comments: