HEALTH SCREEN QUESTIONNAIRE

NAME					DATE		
BIRTHDATE		AGE		HEIGHT		WEIGHT	
ADDRESS				STATE		POSTCODE	
EMAIL					PHONE		
EMERGENCY CONTACT - NAME					PHONE		

Fernwood Fitness Professionals thank you for taking the time to complete this questionnaire as recommended by Sports Medicine Australia. Please answer each question carefully as this information will contribute to you achieving your goals.

If you answered yes to any statements in Stage 1 or 2 on this page it is recommended you consult your Medical Practitioner or appropriate Allied Health Practitioner before engaging in exercise. You may be requested to provide a medical clearance before commencing exercise. Information in this form is strictly confidential.

STAGE 1 - **KNOWN DISEASES** (MEDICAL CONDITIONS)

01. **List the medications for medical conditions you take on a regular basis.**

02. **Do you have diabetes?** ☐ No ☐ Yes
If yes, please tick if it is insulin dependent diabetes mellitus (IDDM) or non-insulin dependent diabetes mellitus (NIDDM). ☐ IDDM ☐ NIDDM

03. **Have you had a heart attack or stroke?** ☐ No ☐ Yes

04. **Has your doctor ever said you have heart trouble or vascular disease?** ☐ No ☐ Yes

05. **Have you ever had an attack of shortness of breath that developed when you were not doinganything strenuous, at any time in the last 12 months?** ☐ No ☐ Yes

06. **Pre & Post-natal**
Medical Clearance and Physical Activity Readiness Medical Examination for Pregnancy (PARmed-X for Pregnancy) is required before embarking on an exercise program, if you answer YES to any of the following:

You are (or believe yourself to be) pregnant	☐ No	☐ Yes
You are postpartum (post-natal)	☐ No	☐ Yes
You are breastfeeding	☐ No	☐ Yes

07. **Is there any other physical reason or medical condition which could prevent you from participating in an exercise program, or that you are concerned about?** ☐ No ☐ Yes
For example - cancer, osteoporosis, arthritis, mental illness, thyroid / kidney / liver disease, or a muscular or joint injury or surgery - past or present?

If yes – please list relevant details

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STAGE 2 - SIGNS AND SYMPTOMS

08. **Do you often have pains in your heart or chest, especially during exercise?** ☐ No ☐ Yes

09. **Do you often feel faint or have spells of severe dizziness during exercise?** ☐ No ☐ Yes

10. **Do you experience unusual fatigue/shortness of breath at rest or mild exertion?** ☐ No ☐ Yes

11. **Have you had an attack of shortness of breath that developed after you stopped exercising?** ☐ No ☐ Yes

12. **Have you been awakened at night by an attack of shortness of breath?** ☐ No ☐ Yes

13. **Do you experience swelling or accumulation of fluid in or around your ankles?** ☐ No ☐ Yes

14. **Do you often get the feeling that your heart is beating faster, racing, or skipping beats, either at rest or during exercise?** ☐ No ☐ Yes

15. **Do you regularly get pains in your calves and lower legs during exercise which are not due to soreness or stiffness?** ☐ No ☐ Yes

16. **Has your doctor ever told you that you have a heart murmur?** ☐ No ☐ Yes

STAGE 3 - CARDIAC RISK FACTORS

17. **Do you smoke cigarettes daily or have you quit smoking within the 6 months?** ☐ No ☐ Yes

18. **Your father, mother, brother, sister had a heart attack or bypass surgery or died suddenly due to a heart attack before the age of 55 yr old (male) or 65 yr old (female)?** ☐ No ☐ Yes

19. **Have you experienced menopause before the age of 45?** ☐ No ☐ Yes
If yes, do you take hormone replacement medication? ☐ No ☐ Yes
Our Fitness Professional will measure your blood pressure, Body Mass Index and waist in your Step 1 visit.

20. **Has your doctor ever told you that you have high blood pressure? (equal to or over 140/90).** ☐ No ☐ Yes
Our Fitness Professional will measure your blood pressure in your Step 1 visit.

Name of Fitness Professional taking reading _____ Signed _____ Date _____

☐ Systolic _____ mmHg ☐ Diastolic _____ mmHg

Comment _____

21. **Are you very overweight?** ☐ No ☐ Yes
Our Fitness Professional will measure you in your Step 1 visit

Name of Fitness Professional taking reading BMI _____ > 30 ☐ No ☐ Yes

Signed _____ Date _____ Waist measuremen _____ > 100cm ☐ No ☐ Yes

If you are over 55 years of age or answered yes to 2 or more of the Cardiac Risk Factors questions in Stage 3 - you can exercise at a moderate intensity however it is recommended you consult with your medical practitioner, however if you wish to exercise at a vigorous intensity a medical clearance is required.

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STAGE 4 - EXERCISE INTENTIONS

22. Does your job involve sitting for a large part of the day? ☐ No ☐ Yes

23. What are your current activity patterns?

a) **Frequency** How may exercise sessions do you participate in per week? Please number

b) **Intensity** How intensely do you exercise? ☐ Sedentary ☐ Moderate ☐ Vigorous

c) **History** Number of months you have exercised? ☐ less than 3 ☐ 3-12 ☐ more than 12

d) **Duration** How many minutes per session do you exercise?

24. What types of exercises do you do?

25. At what intensity do you want to exercise? ☐ Moderate eg. brisk walking ☐ Vigorous eg. jogging

SIGNED (Member) **Print name** **Date**

WITNESS (Staff) **Print name** **Date**

OFFICE USE ONLY

Is a Medical Clearance in writing required? ☐ No ☐ Yes

Fitness Professional staff who reviewed the HSQ

NAME SIGNED DATE

Medical Clearance supplied & in member's file

NAME SIGNED DATE

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