

FERNWOOD - TEENS HEALTH SCREEN QUESTIONNAIRE

Date: _____

Teenager's Name: _____ D.O.B: _____ Age: _____

Height: _____ Weight: _____ BMI: _____ (if known)

Parent / Guardian Name: _____

Address: _____ State: _____ P/code: _____

Home Phone: _____ Mobile: _____

Emergency Contact - Name : _____ Emergency Contact -Phone: _____

The purpose of this form is so that Fernwood Staff will be aware of any heightened risk of injury by your child participating in physical activity. For most children and adolescents, physical activity provides an opportunity to have fun and promotes the basis for good health and an enhanced quality of life for the future. However there are a small number of children or adolescents who may appear to be at risk when participating in an exercise/physical activity program. We therefore ask that you read and complete this questionnaire carefully and return it to the appropriate staff member in charge.

1. Does your child have, or has your child had:

- | | |
|--|---|
| <input type="checkbox"/> A heart condition | <input type="checkbox"/> Cystic Fibrosis |
| <input type="checkbox"/> Diabetes (Type 1 or 2 - please circle) | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Unexplained coughing during or after exercise | <input type="checkbox"/> High cholesterol |
| <input type="checkbox"/> Epilepsy or seizures/convulsions | <input type="checkbox"/> Fainting |
| <input type="checkbox"/> Dizzy Spells | <input type="checkbox"/> Heat Stroke/Heat related illness |
| <input type="checkbox"/> Breathing problems or shortness of breath (eg. asthma, emphysema) | |
| <input type="checkbox"/> Increased bleeding tendency/haemophilia | |

2. Does your child take any medications for: (please name)

- | | |
|--|---|
| <input type="checkbox"/> Heart Problems _____ | <input type="checkbox"/> Epilepsy _____ |
| <input type="checkbox"/> Diabetes _____ | <input type="checkbox"/> Attention Deficit Disorder _____ |
| <input type="checkbox"/> Asthma/Breathing Problems _____ | <input type="checkbox"/> Allergies _____ |
| <input type="checkbox"/> Other _____ | |

Please note:- Fernwood staff will not administer any medication to your child

3. Does your child have, or has your child had, an eating disorder? No Yes

Questions 1 to 3 please see not over the page.

4. In the last 6 months, has your child had any muscular pain while exercising? No Yes

If yes, please explain and indicate where the pain has occurred.

Has a doctor treated this pain? No Yes

5. In the last 6 months, has your child experienced joint pain or pain the bones? No Yes

If yes, please explain and indicate where the pain has occurred.

Has a doctor treated this pain? No Yes

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6. Has your child broken any bones or suffered injury to their bones in the last 12 months? No Yes
If yes, please explain where and how the break / injury occurred.

7. Does your child have, or has your child had difficulty / problems with any of the following?

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Vision | <input type="checkbox"/> Hearing |
| <input type="checkbox"/> Speech / Language | <input type="checkbox"/> Motor Skills |
| <input type="checkbox"/> Balance | <input type="checkbox"/> Sleep |

8. Has your child ever experienced a brain or spinal injury? No Yes

9. Does your child have any of the following chronic disability or chronic illness?

- | | |
|---|--|
| <input type="checkbox"/> Cerebral palsy | <input type="checkbox"/> Hyper mobility |
| <input type="checkbox"/> ADHA | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Downs Syndrome | <input type="checkbox"/> Intellectual Impairment |
| <input type="checkbox"/> Other (please specify) _____ | |

10. Does your child have any known allergies? Please specify: _____

11. Has your child had surgery in the last 12 months? No Yes

12. Are you aware of any medical reason / condition which might prevent your child from participating in an exercise program? No Yes

If Yes, please explain _____

Exercise History

13. Does your child participate in sports / physical activity at present? No Yes

If yes, please list the sports / physical activity they participate in: _____

14. How often does your child participate in this sport / physical activity? _____

15. At what intensity does your child participate in this sport / physical activity? Mild Moderate High

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Informed Consent

I hereby acknowledge that:

- The information provided above regarding my child's health is, to the best of my knowledge, correct.
- I will inform you immediately if there are any changes to the information provided above.
- I give permission for my child to commence your fitness physical activity program
- Teen members under the age of 16 years are NOT permitted to use boxing equipment
- Fernwood is not providing a supervised holiday program for my child.
- Fernwood is offering my child the opportunity to participate in TEENAGER strength training and cardio programs and TEENAGER fitness classes only.
- If my child behaves in an inappropriate manner (including damaging equipment, being rowdy etc) my child may be asked to leave the Fernwood Club.
- I will not hold Fernwood responsible for any injury, loss or damage suffered by my child if my child leaves the Fernwood premises.

Disclaimer

I acknowledge that by participating in physical activity classes and using the equipment at Fernwood, an accident may occur involving injury or damage. In signing this form I release and indemnify Fernwood and it's instructors from all legal actions, injury claims, loss, damage, penalties, costs arising from my child's participation in this physical activity program.

Parent/Guardian Signature: _____ Date: _____

Child/ Teen Member Signature: _____ Date: _____

Approved to commence physical activity program No ☐ Yes ☐

Staff Representative Signature: _____ Date: _____

Administration only; Referral to Medical Practitioner

Parent/Guardian ticked any box in Questions 1 to 3 >> Suggest referral to Medical Practitioner

Parent/Guardian ticked any box in Questions 4 to 11 >> Possibly refer to a Medical Practitioner or

Appropriate allied health professional - Name and title of allied health professional child/adolescent is referred to:

Signatures:

Parent/Guardian: _____ Date: _____

Class/gym induction completed: (signed staff) _____ Date: _____