HUNTER SPORTS CENTRE

HSC Fit - Pre-Exercise Questionnaire.

Has your medical practitioner ever told you that you have a heart condition or have you ever suffered a stroke?	
Do you ever experience unexplained pains or discomfort in your chest at rest or during physical activity/exercise?	
Do you ever feel faint, dizzy or lose balance during physical activity/exercise?	
Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months?	
If you have diabetes (type 1 or 2) have you had trouble controlling your blood sugar (glucose) in the last 3 months?	
Do you have any other conditions that may require special consideration for you to exercise?	
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.	
Disclaimer: If you have answered no to all of the above questions and you are confident that you have no other concerns with your health then you may proceed to participate in physical activity. If you have answered yes to any of the questions above or are unsure, please seek a referral from your GP or allied health professional before commencing physical activity.	
Acknowledgment	I believe to the best of my knowledge that all the information I have provided on this tool is accurate. In that case that my medical condition changes over the course of my training I will inform my trainer and fill out a new pre-screening questionnaire. Thank You
Signature	

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Date/Time	

Section 2

Trainer Name	
Signature	

Save

Submit Complete Form