

FUNCTIONAL FITNESS: PRE-EXERCISE SCREENING TOOL

This screening tool does not provide advice, nor does it substitute for advice from an appropriately qualified medical professional. No warranty of safety should result from its use. The screening system in no way guarantees against injury or death. No responsibility or liability whatsoever can be accepted by the trainer or Clifton Hill Pilates and Rehab for any loss, damage or injury that may arise from any person acting on any statement or information contained in this tool.

Name: _____

Date: _____

Date of Birth: _____

(Please tick one) Male Female

STAGE 1

AIM: To identify those individuals with a known disease, or signs/symptoms of disease, who may be at a higher risk of an adverse event during physical activity/exercise. This stage is self-administered and self-evaluated.

		Please circle response	
		Yes	No
1	Has your doctor ever told you that you have a heart condition or have you ever suffered a stroke?		
2	Do you ever experience unexplained pains in your chest at rest or during physical activity/exercise?		
3	Do you ever feel faint or have spells of dizziness during physical activity/exercise that causes you to lose balance?		
4	Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months?		
5	If you have diabetes (type I or type II) have you had trouble controlling your blood glucose in the last 3 months?		
6	Do you have any diagnosed muscle, bone or joint problems that you have been told could be made worse by participating in physical activity/exercise?		
7	Do you have any other medical condition(s) that may make it dangerous for you to participate in physical activity/exercise?		

IF YOU ANSWERED "YES" to any of the 7 questions, please seek guidance from your GP or appropriate allied health professional prior to undertaking physical activity/exercise

IF YOU ANSWERED "NO" to all of the 7 questions, and you have no other concerns about your health, you may proceed to undertake light-moderate physical activity/exercise

I believe that to the best of my knowledge, all of the information I have supplied within this tool is correct.

Signature: _____

Date: _____



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STAGE 2

AIM: To identify those individuals with risk factors or other conditions to assist with appropriate exercise prescription. This stage is to be administered by a qualified exercise professional.

1 Age: _____

Gender: _____

2 Family history of heart disease (eg. stroke, heart attack)

Relative	Age	Relative	Age
<input type="radio"/> Father		<input type="radio"/> Mother	
<input type="radio"/> Brother		<input type="radio"/> Sister	
<input type="radio"/> Son		<input type="radio"/> Daughter	

3 Do you smoke cigarettes on a daily or weekly basis or have you quit smoking in the last 6 months? Yes No

If currently smoking, how many per day or week? _____

4 Describe your current physical activity/exercise levels:

	Sedentary <input type="radio"/>	Light <input type="radio"/>	Moderate <input type="radio"/>	Vigorous <input type="radio"/>
Frequency sessions p/week				
Duration minutes p/week				

5 Please state your Height (cm) _____

Weight (kg) _____

6 Have you been told that you have high blood pressure?

Yes No

7 Have you been told that you have high cholesterol?

Yes No

8 Have you been told that you have high blood sugar?

Yes No

9 Have you spent time in hospital (including day admission) for any medical condition/illness/injury during the last 12 months? Yes No

If yes, provide details:

10 Are you currently taking a prescribed medication(s) for any medical condition(s)? Yes No

If yes, what is the medical condition?

11 Are you pregnant or have you given birth within the last 12 months? Yes No

If yes, provide details:

I am _____ months pregnant

I am _____ months postnatal

12 Do you have any muscle, bone or joint pain/soreness that is made worse by particular types of activity? Yes No

If yes, provide details:

Risk Factors (office use only)

BMI: _____

RISK STRATIFICATION (office use only)

≥2 RISK FACTORS – MODERATE RISK CLIENTS

Individuals at moderate risk may participate in aerobic physical activity/exercise at a light or moderate intensity.

Stage 2 Risk Total:

<2 RISK FACTORS – LOW RISK CLIENTS

Individuals at low risk may participate in aerobic physical activity/exercise up to a vigorous or high intensity.