

# Oatlands Aquatic Centre

## Class/GYM Membership Agreement Form

### ADULT PRE-EXERCISE SCREENING TOOL

This screening tool does not provide advice on particular matter, 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. Southern Midlands Council can accept no responsibility or liability whatsoever for any loss, damage or injury that may arise from any person acting on statement or information contained in this tool.

Name:		Date of Birth:	
Member Number:			

1.	Has your doctor ever told you that you have a heart condition or have you ever suffered a stroke?	Yes	No
2.	Do you ever experience unexplained pains in your chest at rest or during physical activity?	Yes	No
3.	Do you ever feel faint or have spells of dizziness during physical activity/exercise that causes you to lose balance?	Yes	No
4.	Have you had an asthma attack requiring immediate medical attention at any time?	Yes	No
5.	If you have diabetes (type 1 or 2), have you had trouble controlling your blood glucose in the last 3 months?	Yes	No
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?	Yes	No
7.	Do you have any other medical condition(s) that may make it dangerous for you to participate in physical activity/exercise?	Yes	No
<b>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.</b>			
<b>IF YOU ANSWERED "NO" to all 7 questions, and you have no other concerns about your health, you may proceed to undertake light-moderate physical activity/exercise.</b>			

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Further Questions:

1.	Have you spent time in hospital over the last 12 months (including day admission for any medical condition/illness or injury)? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, provide details
2.	Are you currently taking a prescribed medication(s) for any medical condition? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, provide details
3.	Are you pregnant or have you given birth within the last 12 months? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, provide details
4.	Do you have any muscle, bone or joint pain or soreness that is made worse by particular types of activity? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, provide details

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Personal Motivation for Membership			
Improve Health		Improve Sports Performance	
Improve Fitness		Weight Loss	
Improve Flexibility		Stress Relief	
Improve Muscle Tone		Improve Strength	
		Injury Recovery	

Personal Preference for Fitness			
Personal Training		Cable Weights	
Boxing		Group Fitness Classes	
High Intensity Training (HITs)		Body Weight Training	
Staying Active (Senior)		Functional Strength Training	
Cardio Equipment		Small Group Training	
Free Weights		Stretching	