

## Adult Pre-Exercise Screening Tool

Membership #:	Corporate ID #:	
Full Name:	Date of Birth:	Male / Female (Please Circle)
Address:	Post Code:	
Contact Phone:		
Email Address:	@	
<i>(by providing your above Email address, you agree to receive E-correspondence)</i>		
Emergency Contact Name & Number:		
How did you hear about us? (please circle)	Friend	Advertising
Other: (please specify)	Social Media	

### Stage One – Exercise Screening

- |    |  |     |    |
|----|--|-----|----|
| 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/exercise?   | 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 over the last 12 months?   | Yes | No |
| 5. | If you have diabetes (type I or type II) 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 |

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 intensity 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.

### Stage Two – Exercise Screening

- |    |   |     |    |
|----|---|-----|----|
| 1. | Do you smoke cigarettes on a daily or weekly basis or have you quit smoking in the last 6 months?                             | Yes | No |
| 2. | Is your current physical activity/exercise level less than 2.5 hours per week   | Yes | No |
| 3. | Have you been told that you have high blood pressure?   | Yes | No |
| 4. | Have you been told that you have high cholesterol?  | Yes | No |
| 5. | Have you been told that you have high blood sugar?  | Yes | No |
| 6. | Have you spent time in hospital (including day admission) for any medical condition/illness/injury during the last 12 months? | Yes | No |
| 7. | Are you currently taking a prescribed medication(s) for any medical conditions(s)?  | Yes | No |
| 8. | Are you pregnant or have you given birth within the last 12 months?   | Yes | No |
| 9. | Do you have any muscle, bone or joint pain or soreness that is made worse by particular types of activity?                    | Yes | No |

If you circle yes to two or more questions in stage two you may participate in aerobic physical activity / exercise at a light or moderate intensity.

If you circle yes to one or no questions in stage two you may participate in aerobic physical activity / exercise up to a vigorous intensity.

### Supervisor Comments

I believe that to the best of my knowledge, all of the information I have supplied within this pre-exercise questionnaire is correct. This screening tool does not provide advice on a 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. No responsibility or liability whatsoever can be accepted by Wollongong City Council for any loss, damage or injury that may arise from any person acting on any statement or information contained in this tool.

Signature:

Date:

AGREEMENT FOR COUNCIL SUPPLY OF RECREATION SERVICES

BETWEEN: WOLLONGONG CITY COUNCIL of 41 Burelli Street, Wollongong

AND: the person whose name, address and phone number appears overleaf

In consideration of Council providing recreation services in connection with the following use of facilities at Beaton Park and Lakeside Leisure Centres, you declare and agree that:

- 1 you are not under the influence of drugs, legal or illegal;
- 2 you will obey and follow the instructions of Council's employees and authorised agents and will not disturb other participants or interfere with the ability of those agents or employees to conduct the activity in a safe and secure manner;
- 3 you will not damage, deface or remove any part of Council's property or any of the equipment being used;
- 4 you understand that you may be removed from the recreational activity, without compensation, if you do not comply with these provisions; and
- 5 you have read, understood and accepted the provisions of this agreement, and you understand that;
- 6 you have entered and remain on Council's premises and will participate in the recreational activity at your risk;
- 7 Council will not (to the extent permissible by law) be responsible for any loss, damage or injury arising from any pre-existing medical condition, physical or psychological;
- 8 if you disobey any safety instructions given to you by Council's employees or agents and as a result of disobeying those instructions suffer loss, damage or injury you will not hold Council liable;
- 9 you release and discharge Council, and its employees and agents, to the extent permitted by law, from all claims which you now or at any time have in connection with or incidental to your participation in the recreational activity;
- 10 this includes any claims, which you could or might have, if it were not for this agreement;
- 11 Council may rely on this agreement; and
- 12 Council is not responsible for your decision to participate in the recreational activity.
- 13 I recognize that the instructor is not able to provide me with medical advice with regard to my medical fitness and that the information provided is used as a guideline to the limitations of my ability to exercise only.
- 14 I have cleared any current or previous conditions with my doctor and will advise Council if my circumstances change.
- 15 I understand that there are inherent risks that could cause serious harm or death to myself through my participation in recreational activities at this centre.

Note: In this agreement 'you' means the person whose name and address appears below.

Participant's name: \_\_\_\_\_

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

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

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

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

*Council understands that the information provided by you is personal and confidential. The information will not be used for any external marketing or promotional activities, and will not be sold or distributed to any third party. Following completion of your participation in the recreational activity this document will only be recovered for the purpose of confirming your participation or to defend any action. Enquires in connection with this documents should be addressed to the Privacy Officer, Wollongong City Council, 41 Burelli Street, Wollongong, NSW 2520*