

SCREENING QUESTIONNAIRE

SECTION 1

SPORT + FITNESS
unigym
FOR
EVERYBODY

SMA Pre-exercise Screening

SCREENING QUESTIONNAIRE IS COMPULSORY FOR CASUAL VISITORS TO THE UNIGYM WHO WISH TO PARTICIPATE IN ANY ACTIVITY, CLASS, PERSONAL TRAINING OR TO UTILISE THE FACILITIES FOR PHYSICAL ACTIVITY.

CLIENT NAME: AGE: GENDER: M F

1. Have you ever had a heart attack, coronary revascularisation surgery or a stroke? No Yes
2. Has your doctor ever told you that you have heart trouble or vascular disease? No Yes
3. Has your doctor ever told you that you have a heart murmur? No Yes
4. Do you ever suffer from pains in your chest, especially when you exercise? No Yes
5. Do you ever get pains in your calves, buttocks or at the back of your legs during exercise which are not due to stiffness? No Yes
6. Do you ever feel faint or have spells of severe dizziness, particularly with exercise? No Yes
7. Do you experience swelling or accumulation of fluid about the ankles? No Yes
8. Do you ever get the feeling that your heart is suddenly beating faster, racing or skipping beats, either at rest or during exercise? No Yes
9. Do you have chronic obstructive pulmonary disease, interstitial lung disease, or cystic fibrosis? No Yes
10. Have you ever had an attack of shortness of breath that developed when you were not doing anything strenuous, at any time in the last 12 months? No Yes
11. Have you ever had an attack of shortness of breath that developed after you stopped exercising, at any time in the last 12 months? No Yes
12. Have you ever been woken in the night by an attack of shortness of breath, any time in the last 12 months? No Yes
13. Do you have diabetes (IDDM* or NIDDM**)? (if so, do you have problems controlling your diabetes?) No Yes
14. Do you have any ulcerated wounds or cuts on your feet that do not seem to heal? No Yes
15. Do you have any liver, kidney or thyroid disorders? No Yes
16. Do you experience unusual fatigue or shortness of breath with usual activities? No Yes
17. Is there any other physical reason or medical condition, or are you taking any medication(s) which could prevent you from undertaking an exercise program, or that you are concerned about? No Yes
Please specify

My personal physical intensity level:

1. **No signs or symptoms of known disease were identified:** (Select one: please ask Unigym staff for further explanation if required)
 (1.1) **LOW TO MODERATE:** As a casual visitor, I agree to participate in only low to moderate intensity physical activity: which is not above 75% of my maximal heart rate or not above 13 RPE.
2. **One or more signs and symptoms of known disease were identified or I am over 60 years of age:**
I cannot participate in any physical activity at the Unigym or utilise the facilities until such time as I have consulted a doctor and returned a Medical Clearance Certificate FORM 3 or approved letter.
 Medical Clearance received. Date:
3. **I understand that if I exercise above the agreed intensity, that I do so at my own risk.**

I, the above named, have answered the questionnaire to the best of my knowledge and agree to the following conditions with respect to my participation in physical activity at the Unigym:

SIGNED: _____ DATE: _____



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Coronary Artery Disease Risk Factor Screening

THIS SCREENING IS COMPULSORY FOR ALL MEMBERS WISHING TO PARTICIPATE IN HIGH INTENSITY / SUB MAXIMAL EXERCISE (GREATER THAN 75% OF MAXIMAL HEART RATE).

TO BE COMPLETED BY UNIGYM ASSESSORS

- 1. Has a member of your immediate family (Father/Brother at less than 55 years old and/or Mother/sister less than 65 years old) been diagnosed with heart disease? No Yes
- 2. Are you a current smoker or have quit within the last 6 months? No Yes
- 3. Have you been told that you have high total blood cholesterol, high very low density lipoprotein (VLDL) cholesterol or that your high density (HDL) cholesterol is low ? No Yes
- 4. Have you been told that you have impaired fasting glucose (plasma glucose < 6.1mmol/L, noted on two separate occasions)? No Yes
- 5. Do you currently undertake exercise on less than 4 days each week (at least 30 minutes in duration for each bout)? No Yes
- 6. Height Weight Waist circumference BMI = Weight / Height x Height:
Do you have a body mass index (BMI*) greater than or equal to 30 kg/m² or a waist circumference greater than 100 cm? No Yes
- 7. BLOOD PRESSURE (Resting & Seated): / mm/Hg.
Do you have a resting blood pressure greater than or equal to 140/90? No Yes

I, upon completing the Coronary Artery Disease Risk Factor Screening (Section 2) agree to the following conditions with respect to my participation in physical activity at the University Sport Centre:

- 1. Two (2) or more risk factors were identified therefore, I am at moderate risk of endangering my health and safety if I begin or continue an exercise program above moderate intensity (75% maximum heart rate or above 13 RPE*) .
I wish to participate in
 - 1.1 SUB MAXIMAL intensity physical activity (above 75% of my maximal heart rate or RPE of above 13*.
Therefore I am required to consult a doctor and return a Medical Clearance Certificate FORM 3. Until such time as the Medical Clearance Certificate is received.I.am.able.to.participate.in.low - moderate intensity exercise.
 Medical Clearance received. Date:
 - 1.2 LOW TO MODERATE intensity physical activity which is not above 75% of my maximal heart rate or not above 13 RPE . I understand that this excludes me from participation in some timetabled classes.
1.2.2. I have been recommended by the University Sport Centre that I consult a personal trainer to determine a low - moderate intensity program before I begin.
 Appointment Date:
- 2. One or No risk factors were identified.
2.1 I may participate in sub maximal physical activity.

3. I understand if I exercise above the agreed intensity, I do so at my own risk.

SIGNED: _____ WITNESS: _____
DATE: _____ PRINT NAME: _____



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