

PARTICIPANT & MEMBER HEALTH SCREEN

First Name: _____ Surname: _____

Date of Birth: _____ Age: _____ Gender: Male Female Other

Email: _____ Mobile: _____

Has your doctor ever told you that you have a heart condition or have you ever had a stroke?

Yes

No

Do you ever experience unexplained pain in your chest?

Yes

No

Do you ever feel faint or have spells of dizziness during physical activity/exercise that causes you to lose balance?

Yes

No

Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months?

Yes

No

If you have diabetes (type 1 or type 2) have you had trouble controlling your blood glucose in the last 3 months?

Yes

No

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

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 '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. Light-moderate intensity physical activity/exercise may be undertaken.

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

Participant signature: _____ Date: _____

Staff signature: _____ Date: _____

Disclaimer 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 the YMCA's of Australia for any loss, damage or injury that may arise from any person acting on any statement or information contained in this tool.

Privacy. The YMCA acknowledges and respects the privacy of the individual. The information that is being collected is for the purposes of providing you with information about YMCA programs, memberships and enrolments. We will communicate with you via SMS, newsletters, email, mail, telephone or other means about programs operated by the YMCA. If you do not wish to have your information disclosed for the purposes outlined, please tick the box You have the right to access personal information protecting yourself in accordance with the Commonwealth Privacy Act (Amended 2001). Full details of the YMCA Privacy Policy can be obtained at www.victoria.ymca.org.au

