

TEEN GYM

Pre-exercise Questionnaire

Participant Detail

Name: _____ Gender: Male/Female/Non Binary

Nickname (preferred to be called) _____ D.O.B _____

Mobile _____ Email _____

Address: _____

Emergency Contact Details (Parent or Guardian)

Name: _____ Gender: Male/Female/Non Binary

Relation to participant: _____ DOB _____

Mobile _____ Email _____

Lifestyle

How would you describe your current level of activity?

Very Low Fairly Active Active Highly Active

Do you participate in any sport or other physical activity? Yes / No

Please specify:

About you

Has your doctor ever told you that you have a heart condition, or have you ever suffered a stroke?	Yes/No
Do you ever experience unexplained pains in your chest at rest or during physical activity/exercise?	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 I or type II) 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 above questions you will need to consult your doctor in person before commencing the Teen Gym Program	

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Do you or have you ever had any of the following:

Joint Instability?	Yes/No	Specify:
Joint replacement	Yes/No	Specify:
Chronic pain	Yes/No	Specify:
Joint, muscle or back injury	Yes/No	Specify:
Neuromuscular conditions	Yes/No	Specify:
Epilepsy	Yes/No	Specify:
Do you have any other Medical condition or Injury not specified on this form which may become worse by exercising?	Yes/No	Specify: _____ _____ _____

If you answered YES to any of the above questions you will need to consult your doctor in person before commencing the Teen Gym Program.

If you answered NO to all the above, you are ready to start Teen Gym.

It is the responsibility of the participant to accurately answer all the above questions with the help of a parent or guardian. It is also your responsibility to notify the instructor of any changes to health in regard to this form.

If you have fully understood the questions below and have answered them to the best of your knowledge, please sign the form below.

Participant Name _____

Participant Signature _____ Date _____

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____

Staff Usage:

Added to AW

Over: 16 Y/N

Staff Initial: _____