

# ADULT PRE-EXERCISE SCREENING TOOL

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 Exercise and Sports Science Australia, Fitness Australia or Sports Medicine Australia for any loss, damage or injury that may arise from any person acting on any statement or information contained in this tool.

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male  Female  Date: \_\_\_\_\_

## STAGE 1 (COMPULSORY)

AIM: to identify those individuals with a known disease, or signs or symptoms of disease, who may be at a higher risk of an adverse event during physical activity/exercise. This stage is self administered and self evaluated.

		Please select		
		YES	or	NO
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 '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, you may proceed to undertake light-moderate intensity physical activity/exercise**

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

Signature \_\_\_\_\_

Date \_\_\_\_\_



## Pre-Exercise Health Questionnaire

**Name:**

**Baby's Name & D.O.B:**

**Baby's Age & Weight:**

**Address:**

**Mobile:**

**Email:**

**Emergency contact details:**

**Type of Delivery (vaginal/caesarean/assisted):**

**Date of your Post-Natal check-up:**

**Can you briefly detail your previous and current exercise activities:**

Previous: **KANGA TRAINING®**

Current:

**Previous occupation (optional):**

**Do you have a medical clearance to start exercising from your GP?**

**Are you breastfeeding?**

**Do you have any pain in your back or joints?**

**Do you suffer from a weak pelvic floor?**

**Are you currently taking any medication, if so please specify?**

**Have you ever experienced any of the following conditions:**

**Please circle or insert YES in the boxes below.**

Symphysis Pubis Dysfunction (pain in the central pubic area)	Sacrum or Sacroiliac Joint Pain (pain in the very low mid back - top of buttocks)	Bleeding during or after exercise or any unexplained bleeding
Carpal Tunnel Syndrome (Wrist/finger/hand forearm - pain/numbness or tingling)	Knee Pain (Side, front or back)	History Or Current Episodes of High/low blood pressure, episodes of faintness, dizziness or breathlessness
Upper Back/Neck/Shoulder Pain	Coccyx Damage or Pain	Separation of your abdominal muscles
Incontinence (Urinary or Faecal)	Prolapse (Uterine, Bladder, Rectum, Vaginal)	Breast Health/Breast Feeding Issues/Mastitis
Piles/Haemorrhoids/Varicose Veins/ Constipation	Episiotomy Cut, Painful Perineum or Tears (Degree if known)	Nerve Damage During Birthing (Pudental)
Gestational Diabetes	C-Section wound discomfort or slow healing or ongoing numbness	Anaemia or taking Iron medication
Joint Pain / Muscle Pain	Buttock/Piriformis Pain/Sciatica	Other: Please describe

**Does your baby have any health/medical issues relevant to this class?**

- Hip dysplasia?
- Contraindications to being in a sling? e.g head control or neurological issues.

**Do you own a baby carrier, if yes please provide details:**

OFFICE USE ONLY

**Muscle Separation Check Details:  
 DRAM Modifications Required?:  
 Notes of any other Modifications:**

## Kangatraining Informed Consent & Waiver

I hereby understand and acknowledge that the training, programs and activities provided by KANGATRaining may expose me and my child to many inherent risks, including accidents, injury, illness, or even death. I assume all risk of injuries associated with participation including, but not limited to, falls, contact with other participants, use or hire of baby slings, the effects of the weather, including high heat and/or humidity, and all other such risks being known and appreciated by me.

I hereby acknowledge my responsibility in communicating any physical and psychological concerns that might conflict my child's or my own participation in the activity. I acknowledge that I am physically fit and mentally capable of performing the physical activity I choose to participate in. I confirm that if I am pregnant I have received written consent from my doctor that I am able to participate in my chosen activities. I confirm that where I have hired the Insured's baby sling, that my child does not exceed the manufacturer's recommended maximum weight of 20kg.

After having read this waiver and knowing these facts, and in consideration of acceptance of my participation and KANGATRaining furnishing services to me, I agree, for myself and anyone entitled to act on my behalf, to waive any responsibility, liabilities, demands, or claims of whatsoever nature or cause including negligence, howsoever arising, which I might have, or which may arise against KANGATRaining, its officers, agents, employees, organizers, representatives, and successors.

I undertake to indemnify and hold harmless and free, KANGATRaining, from any and all claims of whatsoever nature or cause (including negligence) and however arising, which may be made by myself, my spouse, life partner, children and/or dependents who suffer any damages (including but not limited to damages arising from or related to personal injury, death and/or loss of support) of whatsoever nature.

I have read and understand the content and important consequences of this document and acknowledge that I am bound thereby.



Date \_\_\_\_\_

Signature \_\_\_\_\_

(Please complete and return via email prior to the beginning of class)