



maitland city council aquatics

PRE-EXERCISE QUESTIONNAIRE

AquaFit SwimFit

PERSONAL DETAILS

Full Name:

Address:

Suburb:

State: Postcode:

Telephone : Email: Tick here if you do not wish to receive information from Maitland City Council via email.

DOB: \ \ Sex:

Person to be contacted in case of emergency: Phone:

PLEASE CIRCLE A 'YES' OR 'NO' RESPONSE TO THE FOLLOWING QUESTIONS

Anyone in your family under 60 who has suffered heart disease, stroke, raised cholesterol or sudden death?	YES	NO
Are you male over 35 years or female over 45 and NOT used to regular vigorous exercise?	YES	NO
Have you given birth within the last 6 weeks?	YES	NO
Are you currently pregnant?	YES	NO
Have you been hospitalised recently?	YES	NO
Are you on any prescribed medication?	YES	NO
Do you smoke?	YES	NO
Are you dieting or fasting?	YES	NO

DO YOU HAVE, OR HAVE YOU HAD? (PLEASE TICK)

<input type="checkbox"/> Gout	<input type="checkbox"/> Glandular Fever	<input type="checkbox"/> Any Heart Condition
<input type="checkbox"/> Stroke	<input type="checkbox"/> Heart Murmur	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Dizziness or Fainting	<input type="checkbox"/> High Blood Pressure >140/90	<input type="checkbox"/> Epilepsy
<input type="checkbox"/> Stomach or Duodenal Ulcer	<input type="checkbox"/> Palpatations or Pain in the Chest	<input type="checkbox"/> Hernia
<input type="checkbox"/> Liver and Kidney Condition	<input type="checkbox"/> Raised Cholesterol/Triglycerides	<input type="checkbox"/> Rheumatic Fever
<input type="checkbox"/> Hip Replacement	<input type="checkbox"/> Knee Replacement	<input type="checkbox"/> Shoulder Reconstruction

IF 'YES' OR TICKED THREE (3) OF THE ABOVE, A MEDICAL CERTIFICATE IS REQUIRED PRIOR TO COMMENCING YOUR EXERCISE PROGRAM IN THE INTEREST OF PERSONAL SAFETY.

DO YOU HAVE, OR HAVE YOU HAD? (PLEASE TICK)

Arthritis Athsma Any pain or major injuries in the following areas:
 Cramps Any Muscular Pain Neck Knees Back Ankles Hips Shoulders

PLEASE INDICATE WHAT AREAS YOU WOULD LIKE HELP TO ACHIEVE YOUR HEALTH AND EXERCISE GOALS (PLEASE TICK)

<input type="checkbox"/> Cardiovascular fitness	<input type="checkbox"/> Strength Training	<input type="checkbox"/> More Energy
<input type="checkbox"/> General health	<input type="checkbox"/> Rehabilitation	<input type="checkbox"/> Stress Relief
<input type="checkbox"/> Improved flexibility	<input type="checkbox"/> Increased Muscle Mass	<input type="checkbox"/> Social/ Fun

ARE YOU ABLE TO SWIM? (PLEASE TICK)

YES NO



PLEASE READ THE FOLLOWING CAREFULLY AND SIGN THE STATEMENT BELOW

- Ask any staff member to guide you in to the most suitable class or program.
- Work at a low level on your first visit and concentrate on learning to do the exercise with correct technique before increasing intensity.
- On each visit you will be able to work a little harder. Be sure to limit yourself to a pace where you can still talk comfortably.
- Should you suffer any illness, injury, or conditions in the future please see the instructor immediately.

STATEMENT

I recognise that Maitland City Council staff are not able to provide medical advice in regard to my fitness and that this information is used only as a guideline to determine the limitations of my ability to exercise. I have answered the questions to the best of my ability and understand the advice above.

Signature

Date: / /

