

MEDICAL QUESTIONNAIRE RECORD:

Client: _____ *age* _____ *Date:* _____

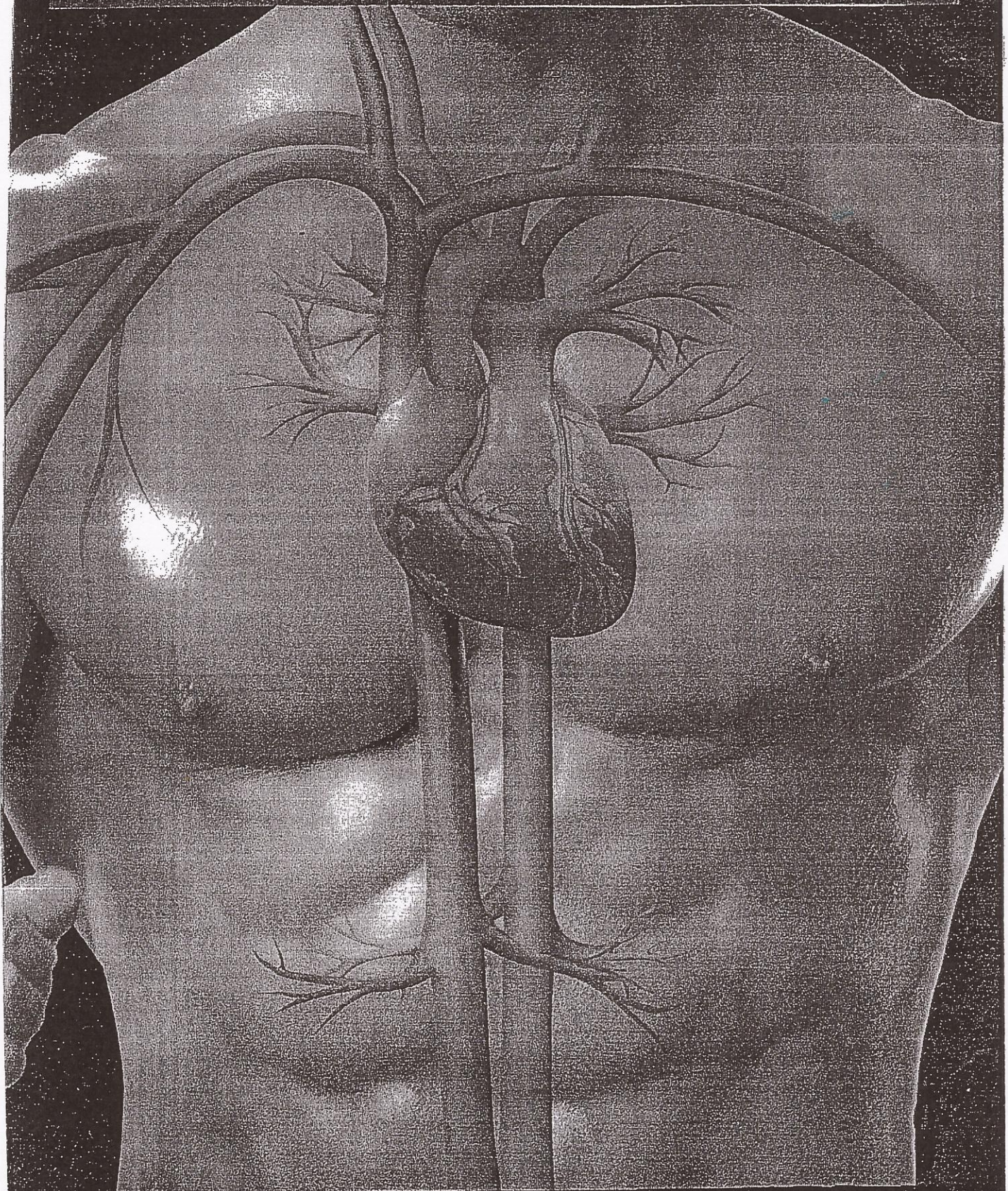


Table 15.6. Sample of a basic screening test.

EXERCISE SCREENING QUESTIONNAIRE.

Name:..... Age:.....

Please tick the appropriate boxes.

Has your Doctor ever said that you have a heart problem?	YES	NO
Do you frequently have pains in your chest or heart?	YES	NO
Do you often faint or suffer from severe dizziness?	YES	NO
Has your Doctor ever said that your blood pressure is high?	YES	NO
Do you have any joint problems? (eg. sprains, arthritis...).	YES	NO
Are you over 40 years old and not accustomed to regular exercise?	YES	NO
Are you pregnant?	YES	NO
Are you currently taking any medication, feeling unwell or injured?	YES	NO
Have you recently undergone surgery or treatment for any medical condition?	YES	NO
Is there any other reason not mentioned above why exercise may prove uncomfortable or harmful?	YES	NO

If yes, please state the reason below:

.....

.....

.....

Signed:..... Date:...../...../.....

Should a participant answer yes to any of the above questions he or she should be required either to complete a more comprehensive screening test (see Table 15.7) for evaluation by an exercise physiologist or referred to a medical practitioner for medical clearance prior to commencing an exercise programme.

Table 15.7. Sample of a more comprehensive screening test.

MEDICAL SCREENING QUESTIONNAIRE

This form is to be completed by the client, prior to the commencement of any exercise programme.

1.0 Personal

Name: (Surname) _____ (Given names): _____
Sex: _____ Date of Birth: _____ Age: _____
Address (home): _____
Suburb: _____ Postcode: _____
Telephone: (Home): () _____ (Work): () _____

1.1 Doctor

Name: _____
Address: _____
Suburb: _____ Postcode: _____
Telephone: (Bus.hrs): () _____ (Aff.hrs): () _____
Date of last Medical Examination: _____

1.2 Emergency

In case of an emergency, please notify:

Name: _____ Relationship: _____
Address (home): _____
Suburb: _____ Postcode: _____
Telephone: (Home): () _____ (Work): () _____

2.0 Family History

Please identify any health problems that have occurred in your immediate family.

Condition	Yes	No	Relationship to you	Present Age	Age of Onset	Fatal - Yes / No
High Cholesterol						
High Blood Pressure						
Angina						
Heart Attack						
Stroke						
Obesity						
Diabetes						
Asthma						
Cancer						

Other _____

3.0 Personal Medical History

I have had, or been told I have, or consulted a physician for:

Condition	Y/N	Condition	Y/N	Condition	Y/N
Heart Disease		Diabetes		Rheumatic Fever	
High Cholesterol		Epilepsy		Angina	
High Blood Pressure		Cancer		Arthritis	
Stroke		Menstrual Disorders		Chest Pain	
Migraine		Pneumonia		Chronic Headaches	
Asthma		Joint Problems		Bronchitis	

Others / Give Details: _____

Possible additions*Mental Disorders eg: -Asperges Syndrome?-Depression?-Schizophrenia?
 *Anaphylactic reactions? eg; Nut Allergies? other Allergies? eg:-Bee stings?-Seafood?
 *Thyroid disease? eg:Hypothyroididism? Hyperthyroidism?

7.0 MISCELLANEOUS

Are you aware of any physical or medical condition which does or may affect your health and you have not already disclosed on this Medical Screening Questionnaire?

Declaration

In this declaration 'Healy's Affordable Personal Training', 'Healy's Health and fitness', 'Healy's Health and Wellbeing Systems' 'Healy's freestyle Tae kwon Do & Boxing Academy' includes Graham Healy and his employees, trainers and contractors

I, (print name) _____

declare that the information I have given is true and correct. I, understand that this information is to be kept confidential and give permission to declaration 'Healy's Affordable Personal Training', 'Healy's Health and fitness', 'Healy's Health and Wellbeing Systems' 'Healy's freestyle Tae kwon Do & Boxing Academy', to contact my physician, doctor or other medical advisor, upon my approval, for further information if required.

I agree to accept full responsibility for any personal injury sustained, developed or reoccurring as a result or consequence of any diet/supplement, exercise or training program, be it personal training (gym & weights), cardio (cardio equipment eg: stepper, treadmill, bike or any similar machine used for training purposes, self defence classes tuition and training ,Boxing drills, Tae kwon Do drills, Stretching Exercises, or any other exercise undertaken by me under the supervision, instruction or advice of declaration 'Healy's Affordable Personal Training', 'Healy's Health and fitness', 'Healy's Health and Wellbeing Systems' , 'Healy's freestyle Tae kwon Do & Boxing Academy', regardless of whether the injury or condition is as a result of a pre-existing condition disclosed in this Medical Screening Questionnaire.

I agree to hold harmless and indemnify in full declaration 'Healy's Affordable Personal Training', 'Healy's Health and fitness', 'Healy's Health and Wellbeing Systems' 'Healy's freestyle Tae kwon Do & Boxing Academy' in respect of all or any liability incurred, loss suffered or claim arising, or any costs or expenses incurred by declaration 'Healy's Affordable Personal Training', 'Healy's Health and fitness', 'Healy's Health and Wellbeing Systems' 'Healy's freestyle Tae kwon Do & Boxing Academy' as a result or consequence of any personally injury sustained, developed or reoccurring by me as a result or consequence of any diet/supplement or exercise/training program (as outlined above), undertaken by me under the supervision, instruction or advice of declaration 'Healy's Affordable Personal Training', 'Healy's Health and fitness', 'Healy's Health and Wellbeing Systems' 'Healy's freestyle Tae kwon Do & Boxing Academy', regardless of whether the injury or condition occurred as a result of a pre-existing condition disclosed in this Medical Screening Questionnaire

I understand that the exercise and/or diet/supplement programme that I commit to under the supervision, instruction or advice of declaration 'Healy's Affordable Personal Training', 'Healy's Health and fitness', 'Healy's Health and Wellbeing Systems' 'Healy's freestyle Tae kwon Do & Boxing Academy' is tailored to me on the basis of the information that I have truthfully provided in my Medical Screening Questionnaire and that declaration 'Healy's Affordable Personal Training', 'Healy's Health and fitness', 'Healy's Health and Wellbeing Systems' 'Healy's freestyle Tae kwon Do & Boxing Academy' will rely on such information being correct to tailor an exercise program appropriate to my level of fitness and health.

I agree that it is my personal responsibility to seek medical advice if this Medical Screening Questionnaire detects or alerts me to any areas of concern with respect to my health. Further, I will not hold declaration 'Healy's Affordable Personal Training', 'Healy's Health and fitness', 'Healy's Health and Wellbeing Systems' 'Healy's freestyle Tae kwon Do & Boxing Academy' liable or responsible in any way for any injury I sustain or which reoccurs regardless of whether the injury or condition is as a result of a pre-existing condition which was disclosed in this Medical Screening Questionnaire.

I agree to notify declaration 'Healy's Affordable Personal Training', 'Healy's Health and fitness', 'Healy's Health and Wellbeing Systems' 'Healy's freestyle Tae kwon Do & Boxing Academy', Graham Healy and/or his employees, trainers and staff of any injuries or medical conditions which arise or reoccur, or which I have inadvertently omitted to disclose in this Medical Screening Questionnaire, as soon as such injury occurs or medical condition arises and in any event prior to undertaking further training.

