

Medical Clearance

The aim of the questions below is to identify the small number of people whom fitness appraisal might be inappropriate and those who should seek medical advice before their evaluation. Common sense is your best guide in answering these few questions to the best of your knowledge. Once you have done this we can get underway organizing your exercise program. It is important that you check out any possible risk to your health and safety with your G.P. before you start your exercise program. Thank you for your co-operation.

Please consider the following questions and answer:

Please Circle

1. Has your doctor ever said that you have heart trouble? Yes No
2. Have you ever suffered from a stroke? Yes No
Details:.....
3. Are you on any prescribed medication eg. High blood pressure, cardiac condition etc? Yes No
Details:.....
4. Do you have a chronic or acute illness? Yes No
Details:.....
5. Do you smoke? Yes No
If yes, for how long and on average how many per day.....
6. Do you have a bone or joint problem eg. Arthritis that has been aggravated or made worse by exercise? Yes No
Details:.....
7. Do you have any exercise limitations? Yes No
Details:.....
8. What type and how often, do you at present regularly participate in Physical Activity?
Details:.....
9. Please name your regular G.P. and his/her contact phone number.
Name.....Address.....Phone.....
10. Please detail any other medical condition/s that you have had, or have, that you feel may effect your exercise capabilities eg. asthma

If you answered YES to one or more questions

You must seek the consent of your G.P., indicating what questions you answered yes to, before undertaking any exercise program.

I, the undersigned, have read and answered the above pre-fitness evaluation questions truthfully and to the best of my knowledge. I recognise the instructor/supervisor is not able to provide me with medical advice with regard to my medical fitness and that this information is used as a guideline to the limitations of my ability to exercise. Where I answered yes to any question/s I agree not to participate in any fitness program until I have discussed the issue with my G.P. to ensure that it is safe for me to begin. I undertake all exercise programs at the Police and Citizens Youth Club (P. C. Y. C.), Launceston, freely and voluntarily and that the Management and staff will not be liable for any personal injury arising through participation.

Signed: _____ Witness: _____

Date: