

Customer Number

Name:

Address: Date of Birth:

Suburb: Postcode: Phone Number:

Email:

Emergency Contact name: Relationship: Phone Number:

Any personal data that is collected by Canterbury Bankstown Council is held and used by Council as permitted by the *Privacy and Personal Information Protection Act 1998* ("PIPPA") and will not be disclosed to a third party without your prior consent.

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| <p>1. Has your medical practitioner ever told you that you have a heart condition or have you ever suffered a stroke?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>4. Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>2. Do you ever experience unexplained pains or discomfort in your chest at rest or during physical activity/exercise?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>5. If you have diabetes (type I or type II) have you had trouble controlling your blood glucose in the last 3 months?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>3. Do you ever feel faint, dizzy or lose balance during physical activity/exercise?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>6. Do you have any other condition(s) that may require special consideration for you to exercise?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |

IF YOU ANSWERED 'Yes'

to any of the 6 questions, you will provide a letter/certificate/clearance from your GP or an appropriate allied health professional PRIOR TO undertaking physical activity/exercise at our centre.

IF YOU ANSWERED 'No'

to all of the 6 questions, and you have no other concerns about your health, you may proceed to undertake appropriate physical activity/exercise.

7. What's your typical weekly physical activity/ exercise levels look like?

Intensity	Light	Moderate	High
Frequency (number of sessions a week)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Duration (total minutes a week)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total minutes equals (minutes of light + moderate) + (2 x minutes of vigorous/ high)	<input type="text"/>		

Light to moderate exercise recommended for totals lower than 150 minutes a week. Increase your volume and intensity slowly. Continue at your current levels if your total is more than or equal to 150 minutes a week.

It's advised that you discuss with an exercise professional any changes to volume, intensity, duration or modality to optimise results.

Waiver and disclaimer agreement

By ticking this box I agree:

- I have read and understand the questions herein and have answered them accurately with regards to my current known health status.
- and acknowledge the information in this questionnaire does not form advice or shall be construed as a substitute for the advice of an appropriately qualified medical or allied health professional.
- that the purpose of this questionnaire is to identify individuals with a known disease, or signs or symptoms of a health condition that may place them at a higher risk of an adverse event occurring during physical activity/exercise and that leisure and aquatic staff are unable to provide me with medical advice.

- and certify that I am in good physical health and have no limitations other than those I have listed.
- and warrant that if I experience any unusual symptoms during exercise AND/OR I suffer an injury, illness or condition in the future that it is my sole responsibility to IMMEDIATELY notify leisure and aquatic staff.
- to take part in the activity at my own risk, follow instructions from staff and observe all safety precautions.
- to accept liability for any damage to personal property, injury, illness or death from participation, prior to, during or after the activity.
- that Canterbury-Bankstown Council, its agents, officers and employees are not liable for any loss, damage or injury that may arise from any person acting on a statement or information contained in this questionnaire.

Signature: Date:

Staff member Name: