

## AnnaFit Pre-Exercise Screening Tool

This screening tool is designed to identify people who will need medical clearance before exercising with a movement professional. No warranty of safety should result from its use. The screening tool in no way guarantees against injury or death. No responsibility or liability whatsoever can be accepted by AnnaFit for any loss, damage, or injury that may arise from any person acting on any statement or information contained in this tool.

**Privacy:** AnnaFit take your privacy very seriously, please see our Privacy Policy for more information - [www.annafit.co.nz/privacy](http://www.annafit.co.nz/privacy).

<b>Full Name</b>			
<b>Date of Birth</b>			
<b>Gender</b> (circle applicable)	Female	Male	Other

### A. Health Questions *(please answer every question, ticking Yes or No and providing details)*

Question	YES	NO
<b>A.1</b> Has your medical practitioner ever told you that you have a heart condition or have you ever suffered a stroke?		
<b>A.2</b> Do you ever experience unexplained pains or discomfort in your chest at rest or during physical activity/exercise?		
<b>A.3</b> Do you ever feel faint, dizzy or lose balance during physical activity/exercise?		
<b>A.4</b> Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months?		
<b>A.5</b> If you have diabetes (type 1 or 2) have you had trouble controlling your blood sugar (glucose) in the last 3 months?		
<b>A.6</b> Do you have high blood pressure?		
<b>A.7</b> Do you have high cholesterol?		
<b>A.8</b> Are you currently taking prescribed medication(s) for any condition(s)?		
<b>A.9</b> Have you spent time in hospital (including day admission) for any condition/illness/injury during the last 12 months?		
<b>A.10</b> Are you pregnant or have you given birth within the last 12 months?		
<b>A.11</b> Do you have any diagnosed muscle, bone, tendon, ligament or joint problems that you have been told could be made worse by participating in exercise?		
<b>A.12</b> Do you have any other health conditions that may require special consideration for you to exercise?		
<b>A.13</b> Are you recovering from any sport or occupational injuries?		
If you answered YES to any of the above questions, please provide details or contact a member of the AnnaFit team: <i>(Please feel free to attach additional pages if you require more space)</i>		

*Please turn over to complete the form*

## B. Exercise / Physical Activity Questions

B.1 – On average, how much time per week do you spend exercising or doing physical activities?						
	< 1 hour	1-2 hours	2-3 hours	3-4 hours	4-5 hours	> 5 hours
Low Intensity						
Medium Intensity						
High Intensity						

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

Client signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Important Information:** This screening tool does not constitute medical advice. This form is not intended for use to diagnose, treat, cure or prevent any medical conditions, is not intended to be professional advice and is not a substitute for independent health professional advice. AnnaFit does not accept liability for any claims, however described, for loss, damage and/or injury in connection with the use of any of the material, or any reliance on the information therein. While care has been taken to ensure the information contained in the material is accurate at the date of publication, the organizations do not warrant its accuracy. No warranties (including but not limited to warranties as to safety) and no guarantees against injury or death are given by AnnaFit in connection with the use or reliance on the material. If you intend to take any action or inaction based on this form, it is recommended that you obtain your own professional advice based on your specific circumstances.

Additional comments or information if required: