BodiFit™

Building a healthier body and mind

HEALTH AND FITNESS SCREENING - ADULT

BodiFit training programs will administer exercise routines at a moderate to high intensity. For the majority of people moderate to high intensity promotes good health and fun, however there are a small minority who may be at risk. The following questionnaire is designed to screen for a wide range of common health related issues.

Personal Details

Participant's name: Date of Birth: ____/____/_____

Emergency Contact name: Tel:
Relationship:
Doctor's name (if known): Tel:

Contact Details

Email:
Phone number:
Suburb:

DISCUSSION GROUP

We would like to add you to the BodiFit Community Member Facebook Group to help you engage with our trainers and the broader BodiFit Community. If interested, please provide the details below.

Social Media Details:

Facebook:
Instagram:

COMPLETION CHECKLIST

After reading the full document, have you completed?	**Yes**	**No**	**Unknown**
Please tick answer or (fill the box) to highlight (example):	☐	☐	☒
Pre -Exercise Questionnaire	☐	☐	☐
Medical Questionnaire	☐	☐	☐
Informed consent	☐	☐	☐

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PRE-EXERCISE QUESTIONNAIRE

What areas would you like to improve?	**Yes**	**No**	**Unknown**
Weight loss	☐	☐	☐
Aerobic fitness	☐	☐	☐
Strength (muscle mass)	☐	☐	☐
Muscle tone	☐	☐	☐
Flexibility/ mobility	☐	☐	☐

Other - Please Specify:

What exercise do you do?

Exercise type: How often:

What other health and fitness related goals have you set yourself? Please describe below your SMART goals that are Specific, Measurable, Achievable, Realistic and Timely.

Any pain or injuries to:

Upper or Lower Back	☐	☐	☐
Shoulders	☐	☐	☐
Knees	☐	☐	☐
Ankles	☐	☐	☐
Neck	☐	☐	☐

Other - Please Specify:

Using the scale of 1 – 10 what is the severity of the injury (1 minor injury and 10 severe/major injury).

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

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MEDICAL QUESTIONNAIRE

Please tick the appropriate box. If the answer is unknown please indicate.

	Yes	No	Unknown
Is there anyone in your family under 60 who has suffered from heart disease, stroke or irregular cholesterol or sudden death?	☐	☐	☐
Are you over 50 years of age?	☐	☐	☐
Are you a regular smoker?	☐	☐	☐
Are you pregnant?	☐	☐	☐
Have you given birth recently (6wks)?	☐	☐	☐
Have you been hospitalised recently?	☐	☐	☐
Is there any condition which may be worsened by exercise?	☐	☐	☐

Do you have or have you ever experienced:	**Yes**	**No**	**Unknown**
High Blood pressure >140/90	☐	☐	☐
High Cholesterol	☐	☐	☐
Any Heart condition/Stroke	☐	☐	☐
Liver or Kidney condition	☐	☐	☐
Asthma	☐	☐	☐
Cystic Fibrosis	☐	☐	☐
Epilepsy or Seizures/Convulsions	☐	☐	☐
Brain or Spinal Injury	☐	☐	☐
Haemophilia	☐	☐	☐
Heat Stroke/Heat related illness	☐	☐	☐
Fainting/Dizzy Spells	☐	☐	☐
Muscular pain/ Cramps	☐	☐	☐
Joint or Bone pain	☐	☐	☐
Broken bones/ Fractures	☐	☐	☐
Unexplained coughing (e.g. after exercise)	☐	☐	☐
Shortness of breath	☐	☐	☐
Diagnosed Nutritional Deficiency	☐	☐	☐
Special Diet	☐	☐	☐
Any allergies (e.g. foods, medication, plants, etc)	☐	☐	☐

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	Yes	/ No /	Unknown
Do you have ANY other medical conditions?	☐	☐	☐

If Yes please provide details of the medical condition:

Do you take medication?	☐	☐	☐

If Yes please provide details of the medications and how the medication is used:

Are there ANY other conditions limiting you from exercise?	☐	☐	☐

If Yes please explain:

INFORMED CONSENT

Please carefully read and sign the following as evidence of your consent.

- The information provided by me in this questionnaire is to the best of my knowledge, true and correct.
- If there is a change in the information I will inform the health and fitness coordinator immediately.
- I acknowledge that exercise can be a potentially hazardous event and therefore agree that BodiFit, their staff and agents are not liable for any incident that occurs as a result of my participation.
- I understand my trainers are not able to provide me with medical advice with regard to suitability of an exercise program. If you have health concerns, you should seek medical advice.

Please note: Trainers reserve the right to request that you cease exercises that may be deemed "contraindicated" or "inappropriate".

Signature: Date:

Thank you for your time in completing the questionnaire.