



24 Wilson Street

Wedderburn 3518

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COMMUNITY HOUSE

Certificate of Registration: A0022499K

Exercise Pre-Screening Form

Name: _____ Age: _____ Sex: M/F

Address: _____

Home Ph: _____ Work Ph: _____ Mobile: _____

Emergency Contact: _____

Home Ph: _____ Work Ph: _____ Mobile: _____

Have you ever been, or are you currently, affected by any of the following conditions?

Category 1	Yes	No	Category 2	Yes	No
High Blood Pressure			Pregnancy		
Heart Trouble			Prescription Medication		
Stroke			Migraines		
Respiratory Disorders			High Cholesterol		
Glandular Fever			Surgery		
Epilepsy or Seizures			Asthma		
Diabetes			Hernia		

Category 3

Joint Injury YES/NO

Neck/Back Injury YES/NO

Muscle Injury YES/NO

If you have answered YES to ANY of the above conditions, please give further details:

Are you aware of any other conditions that may affect your participation in an exercise program? YES/NO (If YES, give further information below:)

