



Medical Clearance Participant Questions

It is important that you check out any possible risk to your health and safety with your doctor before you start your exercise program. 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 undertaking exercise. *Thank you for your co-operation!*

Please answer the following questions as accurately as possible:

	YES	NO
1. Have you ever had a problem with your heart? Or has your doctor indicated a problem?		
2. Have you ever suffered from a stroke? Provide details & year:		
3. Do you have high or low blood pressure?		
4. Are you on any prescribed medication eg. High blood pressure, cardiac condition etc?		
5. Do you have a chronic or acute illness? Provide detail:		
6. a) Do you smoke? (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No For how many years? _____ years How many per day? _____ av	6b) Do you ever struggle to breathe? Do you ever become breathless? OR Do you have asthma?	
7. Do you have a diagnosed or suspected bone or joint problem? EG: Arthritis that has been aggravated or made worse by exercise?		
8. Do you have any exercise limitations?		
9. Please detail any other medical condition/s that you have had, or have, that you feel may effect your capacity to undertake activities at the PCYC eg:. Asthma, dizzy spells, chronic fatigue, polio, or other conditions. Details:		
10. Do you at currently participate in regular Physical Activity? What type of exercise? _____ How often do you participate? _____ per wk		

MEDICAL CLEARANCE

If you answered YES to one or more questions you MUST gain the approval / consent of your doctor before undertaking any exercise program and provide a MEDICAL CLEARANCE to participate. **Please provide the details of your regular doctor**

Doctor's Name..... Phone.....
Address.....Suburb.....

- Attached is my Doctor's Medical Clearance slip, indicating that I am cleared to undertake the exercise program.
- Attached are exercise prescription outline & limitations details from my doctor / specialist (cardio /weight-bearing / other)

I, the undersigned have read and answered the above pre-fitness evaluation questions truthfully, and to the best of my knowledge. I will inform the instructor about my limitations verbally so they are aware. But I recognise that 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 doctor to ensure that it is safe for me to begin. I undertake all exercise programs at the Launceston Police and Citizens Youth Club freely and voluntarily and that the Management and staff will not be liable for any personal injury arising through participation.

Signed by Participant: _____ Signed by Witness: _____ Date: ____/____/____

OFFICE USE ONLY:	Checked by: _____	<input type="checkbox"/> Medical Needed <input type="checkbox"/> Medical NOT needed	<input type="checkbox"/> Medical Clearance provided <input type="checkbox"/> Attached in LINKS	<input type="checkbox"/> Clearance Filed with PCYC M'ship Applic.	Date: ____/____/____
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