

Pre Exercise Screening Questionnaire

This questionnaire does not provide advice. Nor does it substitute for advice from an appropriately qualified medical professional.

Focus Health and Fitness gives no warranty of safety resulting from use of its services, advice and facilities and programs. The use of this pre screening questionnaire in no way guarantees or safeguards against any injury or death sustained as a consequence of undertaking activities in our care.

No responsibility or liability whatsoever can be accepted by Focus Health and Fitness for any loss, damage, illness, injury or death that may arise from any person acting on any statement or information contained in this document.

PERSONAL DETAILS

Name: _____ Phone _____ M F DOB _____
Address _____ Email _____
Emergency Contact: _____ Phone _____

AIM: to identify those individuals with a known disease, or signs or symptoms of disease, who may be at a higher risk of an adverse event during physical activity/exercise. This checklist is self administered and self evaluated.

1. Have you ever suffered or been told by a doctor that you have suffered a stroke?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Has your doctor ever told you that you have a heart condition?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Do you ever experience unexplained pains in your chest at rest or during physical activity/exercise?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Do you ever feel faint or have spells of dizziness during physical activity/exercise that causes you to lose balance?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. Have you had an asthma attack requiring medical attention at any time over the last 12 months?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. If you have diabetes (type I or type II) have you had trouble controlling your blood glucose in the last 3 months?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. Do you have any other medical condition(s) that may make it dangerous for you to participate in physical activity/exercise?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. Do you have any diagnosed muscle, bone or joint problems that you have been told could be made worse by participating in physical activity/exercise?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Any additional comments or relevant information:

IF YOU ANSWERED 'YES' to any of the Questions 1 -8 please consult a GP or appropriate Allied Health Professional to seek clearance/ approval to undertake physical activity/exercise with our services.

If a future change in your health, medical or physical capacity would lead you to respond Yes to any of the Questions 1-8, please consult your GP or Allied Health Professional before undertaking further physical activity.

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

Signature: _____

Date _____

GENERAL TERMS, CONDITIONS & DISCLAIMER

These terms and conditions relate to the operation and function of FHFPT Pty Ltd, trading as Focus Health & Fitness and its subsidiaries, affiliates, and associated parties regardless of their location. Nothing in these terms and conditions, limit any rights you may have under the Trade Practices Act, Fair Trading Act, any other Commonwealth or State Legislation or any other such laws in the region where you attend related activities.

You acknowledge and recognise the inherent risks of injury or ill health resulting from use of the services and from participation in exercise generally. In consideration of participation in activities with Focus Health & Fitness you agree to release and indemnify Focus Health & Fitness and any company associated with Focus Health & Fitness. You agree to participate in all activities at your own risk and responsibility whether supervised or not by staff. You agree to release and hold harmless Focus Health & Fitness and any associated parties from and against all actions which may be brought by you or on behalf of you in respect of any incident arising out of injury, loss, damage or death caused to you or your property in any way what so ever.

PERSONAL TRAINING TERMS & CONDITIONS

PAYMENT

- Payment for PT must be made in advance of any training sessions taking place. Direct debits normally pay for the next 2 weeks in advance however in instances where suitable the first debit may account for 3 weeks of sessions.
- PT sessions that are paid for by Direct Debit are subject to an initial 2 week commitment (Initial PT Period) and will then automatically renew for further fortnightly periods unless your PT is terminated in accordance with our cancellation policy (below).
- We will review your PT fees periodically and may change them from time to time. We will give you at least 14 days notice by emailing you at the email address you have provided to us.

CANCELLATION OF YOUR PT SESSIONS

- We require 24-hours' notice of any cancellation or rescheduling. Failure to do so will result in you being charged the full session rate.
- PT by Direct Debit can be canceled any time after 2 weeks from start. After this time, any cancellation to PT by Direct Debit must be made at least 14 days prior to your next scheduled Direct Debit payment by providing written notice. Once PT by Direct Debit is cancelled and/or all sessions in your PT pack are completed, this Personal Training Agreement will terminate.

REFUNDS AND TRANSFERS

- If you are unable to continue your scheduled PT sessions due to medical reasons, a refund may be available for the remaining sessions. You will need to submit a letter from your doctor clearly stating exercise restrictions prior to a refund being considered.
- Refunds are not provided under any other circumstances.
- If your Personal Trainer is no longer with Focus Health & Fitness you will be allocated another Personal Trainer who is suitable to your needs, and will supply them with your complete training history. Refunds will not be provided under these circumstances.
- You may transfer your Personal Training Agreement or sessions to another person.

LATE ARRIVALS

- If your Personal Trainer is more than 10 minutes late for your session, you will receive a free session of PT, arranged at a mutually convenient time for you and your Personal Trainer.
- If you're late for your session, your session length may have to be deducted accordingly, and you will be charged at the scheduled rate. If you're more than a third of the session late (and provide no communication), the session may be canceled, and you will be charged for the full session.

TRAINERS

- If you would like to change Personal Trainers, for any reason, please contact Focus Health & Fitness and we will be happy to assist you.
- Should you experience any pain, discomfort, or injury, during any of your sessions, please inform your Personal Trainer immediately.
- Prior to, or during, the course of your training, health concerns may arise that may require further input from your doctor, physiotherapist or other allied health professional. Your Personal Trainer may request your assistance in obtaining that information. Please be aware that your Personal Trainer cannot diagnose and/or prescribe treatment for any form of injury, disease, or other medical problem.

I accept the terms and conditions:

Signature:

Date _____