Lifestyle Fitness Exercise & Training Readiness Form

Shire of Donnybrook Balingup 2025-2026

IMPORTANT INFORMATION:

Due to potential risks associated with exercise, such as falls, sprains, fractures, or cardiopulmonary issues, please read and complete this form carefully.

PERSONAL INFORMATION

Title: ☐ Ms ☐ Mrs ☐ Mr ☐ _____ Gender: ☐ Male ☐ Female

First name:_____Last name:_____D.O.B_____

Address:_____

Phone:_____Email:_____

Private Health:_____

Emergency contact name:_____

Emergency contact number_____

CARDIO PULMONARY SYSTEM.

1: Do you have, or have you experienced:
☐ No. ☐ Epilepsy. ☐ Fainting. ☐ Seizures. ☐ Dizzy spells. ☐ Convulsions.
2: Have you ever had pain or pressure at rest or during exercise?
☐ No. ☐ In the middle of, or on the left side of the chest.
☐ In the neck region. ☐ At the left shoulder or down the left arm.
3: Do you take any medication for:
☐ No. ☐ Heart disease. ☐ Diabetes. ☐ Cholesterol. ☐ Blood pressure. ☐ Asthma, breathing issues.

NEURO-MUSCULAR

4: Do you have any impairments?:
☐ No. ☐ Motor sensory. ☐ Speech or language. ☐ Thermal control. ☐ Vision or hearing.
5: Have you ever experienced a brain or spinal injury?
☐ No. ☐ Yes.
6: Do you have, or ever experienced:
☐ No. ☐ Poor balance. ☐ Pressure sores. ☐ Unsteady gait.
7: In the previous 12 months, have you experienced:
☐ No. ☐ Concussion. ☐ Persistent headaches/nausea. ☐ Severe cramps. ☐ Unexplained muscle soreness.
8: Have you ever suffered any nervous system injury?
☐ No. ☐ Lesion of, or damage to, a nerve. ☐ Numbness, or pins and needles.
☐ Other (please specify):_____

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MUSCULO-SKELETAL

9: Have you experienced any muscular pain in the last six months? ☐ Yes ☐ No
If yes, please specify._____
10: Have you experienced any joint pain in the last six months? ☐ Yes ☐ No
If yes, please specify._____
11: Have you broken any bones in the last twelve months? ☐ Yes ☐ No
If yes, please specify._____
12: Have you had any joint problems requiring treatment or joint replacement? ☐ Yes ☐ No
If yes, please specify._____
13: Do you, or a blood relative, suffer from a problem as osteoporosis or arthritis? ☐ Yes ☐ No
If yes, please specify._____

GENERAL HEALTH .

14: Do you have any neurological disorders that may require special needs while exercising?
Examples may include: Parkinson's, Alzheimer's, or motor neuron disease, multiple sclerosis, Down syndrome, cerebral palsy, and dementia. ☐ Yes ☐ No
If yes, please specify._____
15: Are you aware of any medical reason/condition that might prevent you from participating in any exercise program? ☐ Yes ☐ No
If yes, please specify._____
16: Do you have any allergies that may affect your capacity/ability to exercise? ☐ Yes ☐ No
If yes, please specify._____
17: Do you have chronic fatigue syndrome? ☐ Yes ☐ No
18: Have you had surgery in the previous twelve months? ☐ Yes ☐ No
If yes, please specify._____
19: Do you want us to know any other uncovered medical conditions? ☐ Yes ☐ No
If yes, please specify._____

MEDICATION.

Please list any medication you are taking below.

Name of medication.	Daily, Weekly, Monthly.			Purpose of use.
1:_____	☐	☐	☐	_____
2:_____	☐	☐	☐	_____
3:_____	☐	☐	☐	_____
4:_____	☐	☐	☐	_____
5:_____	☐	☐	☐	_____

Please read the statement below and sign that you understand the following

- I understand the fitness instructor cannot give medical advice, will follow instructions and exercise at my own pace.
- I authorise the fitness instructort and my GP to communicate about my fitness progress.
- I will inform the fitness instructor if I feel any symptoms or if my health status changes from that above.

Signature participant:_____ Date:_____

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