



Pre Programme Health Screen

Participant:

Blood Pressure:

Weight:

Height:

Do you currently smoke? Y N

Has your doctor ever said that you have a heart condition AND that you should only do physical activity recommended by a doctor?	<input type="checkbox"/> Y <input type="checkbox"/> N
Do you feel [pain in your chest when you do physical activity?	<input type="checkbox"/> Y <input type="checkbox"/> N
In the past month, have you had chest pain when you were not doing physical activity?	<input type="checkbox"/> Y <input type="checkbox"/> N
Do you lose your balance because of dizziness or do you ever lose consciousness?	<input type="checkbox"/> Y <input type="checkbox"/> N
Do you have a bone or joint problem (i.e. back, knee, shoulder or hip) that could be made worse by a change in your physical activity?	<input type="checkbox"/> Y <input type="checkbox"/> N
Are you currently on medication for your blood pressure or heart condition?	<input type="checkbox"/> Y <input type="checkbox"/> N
Do you know of any other reason why you should not do physical activity?	<input type="checkbox"/> Y <input type="checkbox"/> N
Do you have a family history of heart attacks or stroke?: A father or brother below 55 years old or a mother or sister below 65 years old. If unsure answer no	<input type="checkbox"/> Y <input type="checkbox"/> N
Are you currently involved in some form of physical activity? Details:	<input type="checkbox"/> Y <input type="checkbox"/> N

Consent, confidentiality & liability:

To the extent permitted by law, the Fit For The Road will not be liable or responsible for any direct, indirect or consequential injury loss or damage whatsoever and howsoever arising.

The LTSC is governed by the Privacy Act 1993, which means all your information will be kept confidential and not passed on to the LTSC or its members. Your data however may be used to conduct research and complete a final report on the Fit For The Road. In this case all information that may identify you will not be disclosed, and only group or summarised data will be reported.

I warrant and undertake that all personal information provided to the Fit for the Road programme is true and correct, including the information provided in relation to my physical fitness and health, and that I have read and fully understand all such fitness and health questions.

I have read and understood the entirety of this Informed Consent – Liability Waiver. I acknowledge and agree with the content of this Informed Consent – Liability Waiver and that the Fit for the Roadshall be released from all liability associated with my participation in the activities of the Fit for the Road Programme.

Signed: (participant):

Date: