



Pre-Exercise Questionnaire and Enrolment Form

Personal information			
Name		Date of birth	
Address		Postcode	
Contact number/s		Email	
Emergency contacts information			
Name		Relationship	
Address		Postcode	
Contact number/s		Email	
Name		Relationship	
Address		Postcode	
Contact number/s		Email	
General Practitioner details			
Name		Practice	
Address		Postcode	
Contact number		Email	
Indemnity and declaration			
<p>I declare that the information provided above is correct, to the best of my knowledge and ability. I will inform the Get Set & Go! (Australia) Pty Ltd staff members of any changes with my health, medications and contact details should the need arise in the future.</p> <p>I authorise the Get Set & Go! (Australia) Pty Ltd staff members to obtain any medical assistance they deem necessary should an accident occur or in the event of illness, and agree to pay all medical, pharmaceutical or ambulance expenses incurred on behalf of myself and/or my carers. I undertake to indemnify Get Set & Go! (Australia) Pty Ltd and/or staff members against any claim rising out of an accident involving myself and/or my carers or any occurrence for which this indemnity may give rise to claim for damages during any Get Set & Go! (Australia) Pty Ltd program.</p> <p>I have read and agree to the information above.</p>			
Signed			
Name		Date	



Medical information

Do you currently have any of the following:	
1. Cardiac (heart) disease (e.g. plaque in arteries)	
2. Metabolic disorder (e.g. Type 1 or 2 Diabetes)	
3. Musculoskeletal injuries (e.g. joint pain, arthritis, muscle pain/injury)	
4. Lung disease (e.g. asthma or COPD)	
5. Neurological or neuromuscular condition (e.g. previous stroke, Parkinson's Disease)	
Have you ever had any of the following:	
1. A myocardial infarction (heart attack)	
2. Heart surgery	
3. Cardiac catheterisation	
4. Coronary angioplasty (stent insertion)	
5. Insertion of a pacemaker/ICD/rhythm disturbance	
6. Heart valve disease	
7. Heart failure	
8. Heart transplant	
9. Congenital heart disease (heart condition since birth)	
10. Other	
Have you ever experienced any of the following:	
1. Discomfort in your chest, neck, jaw or arms with mild exertion or exercise	
2. Unusual breathlessness with usual activities	
3. Dizziness, fainting or blackouts	
4. Burning/cramping in lower legs with mild exertion	
General	
1. Do you have a family history of coronary artery disease?	
2. Are you taking any medication, including those not prescribed by your doctor?	
3. Are you currently pregnant?	
4. Do you have any known allergies?	
If you answered 'yes' to any of the questions above, please explain (including dates)	

Name	
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