Ballan Pool & Gym - Membership Pre-screening form

This screening tool does not provide advice on a matter, nor does it substitute for advice from an appropriately qualified medical professional. No warranty for safety should result from its use. The screening system in no way guarantees against injury or death. No responsibility or liability whatsoever can be accepted by Ballan District Health and Care for any loss, damage or injury that may arise from any person acting on any statement or information contained in this tool.

Please complete the following details:

Name: _____ **Date of Birth:** _____

Address: _____

Suburb: _____ **State** _____ **Postcode:** _____

Gender: Male: ☐ Female: ☐ Other: ☐

Contact Number: H_____ **M**_____

Email: _____

Emergency Contact Details

Name: _____

Relationship: _____ **Contact Number:** _____

Please Indicate any Medical Conditions or Requirements:

_____

_____

_____

Staff to complete:

Membership Number:
Card Number:
Membership Type:
Payment Type:
Commencement Date:
Staff Initials:

Member to complete:

Please indicate if you have any of the following conditions? Tick the corresponding box.

Absolute Contraindications:

1. Vomiting or Diarrhoea ☐
2. Resting angina ☐
3. Shortness of breath at rest ☐
4. Uncontrolled cardia failure ☐
5. Chlorine sensitivity ☐
6. Known aneurysm ☐
7. Unmanaged urinary or faecal incontinence ☐
8. Advanced renal failure ☐
9. High grade fever ☐

Relative Contraindications:

10. Irritated skin or undergoing radiotherapy/chemotherapy ☐
11. Open or infected wound ☐
12. Poorly controlled epilepsy ☐
13. Unstable diabetes ☐

Precautions:

14. Cognitive Impairment ☐
15. Controlled epilepsy ☐
16. High blood pressure ☐
17. Vision/hearing impairments ☐
18. Numbness in Limbs ☐
19. Diabetic ☐
20. Respiratory conditions ☐
21. Pregnancy ☐
22. Widespread MRSA ☐
23. Kidney disease ☐
24. Skin conditions (tinea, eczema, infections) ☐
25. Heart Disease ☐
26. Other: _____

AIM: To identify individuals with known disease, and/or signs or symptoms of disease, who may be at a higher risk of an adverse event due to exercise. An adverse event refers to an unexpected event that occurs as a consequence of an exercise session, resulting in ill health, physical harm or death to an individual.

This stage may be self-administered and self-evaluated by the client. Please complete the questions below and refer to the figures on page 2. Should you have any questions about the screening form please contact your exercise professional for clarification.

	Please tick your response YES	NO
1. Has your medical practitioner ever told you that you have a heart condition or have you ever suffered a stroke?		
2. Do you ever experience unexplained pains or discomfort in your chest at rest or during physical activity/exercise?		
3. Do you ever feel faint, dizzy or lose balance during physical activity/exercise?		
4. Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months?		
5. If you have diabetes (type 1 or 2) have you had trouble controlling your blood sugar (glucose) in the last 3 months?		
6. Do you have any other conditions that may require special consideration for you to exercise?		

IF YOU ANSWERED 'YES' to any of the 6 questions, please seek guidance from an appropriate allied health professional or medical practitioner prior to undertaking exercise.

IF YOU ANSWERED 'NO' to all of the 6 questions, please proceed to question 7 and calculate your typical weighted physical activity/exercise per week.

7. Describe your current physical activity/exercise levels in a typical week by stating the frequency and duration at the different intensities.
For intensity guidelines consult figure 2.

Intensity	Light	Moderate	Vigorous/High
Frequency (number of sessions per week)			
Duration (total minutes per week)			

Weighted physical activity/exercise per week

Total minutes = (minutes of light + moderate) + (2 x minutes of vigorous/high)

TOTAL = _____ **minutes per week**

- If your total is less than 150 minutes per week then light to moderate intensity exercise is recommended. Increase your volume and intensity slowly.
- If your total is more than or equal to 150 minutes per week then continue with your current physical activity/exercise intensity levels.
- It is advised that you discuss any progression (volume, intensity, duration, modality) with an exercise professional to optimise your results.

Please be aware, if the accessing staff member concludes that participation in exercise, either Hydrotherapy or Gym based, is unsafe or can potentially result in harm to you or others, the staff member will deny access to the facility until otherwise stated.

By signing below, I declare that:

A) The information I have supplied above is true and correct.
B) I will inform a pool/gym attended or coordinator if there are any changes in my medical condition.
C) I have read and agree to the Primary Care Centre – Terms and Conditions.

Signature: _____ **Date:** _____

Membership induction - Staff to complete:

Discuss the following with the member. Please tick the appropriate box.

Hydrotherapy Pool:

1.	Any ticks in Stage 1, questions 1-8?	Yes	□	No	□
a.	If yes, advised no entry requirements.		□		
2.	Any ticks in Stage 1, questions 10-13?	Yes	□	No	□
a.	If yes, advised GP clearance requirement.	Yes	□		
3.	Explanation of water immersion impact on cardiovascular system.	Yes	□	N/A	□
4.	Explanation of water immersion impact on BGL.	Yes	□	N/A	□
5.	Explanation of thermoregulation precautions in pregnancy.	Yes	□	N/A	□
6.	Explanation of water immersion impact on respiratory function.	Yes	□	N/A	□
7.	Explanation of water immersion impact on kidneys.	Yes	□	N/A	□
8.	Can the member swim?	Yes	□	No	□
9.	Pool/ spa entry induction.	Stairs	□	Hoist	□
10.	Recommended footwear on pool concourse.	Usual	□	Bare	□
		Flip flops			□
11.	Hydration recommendations.	Yes	□		
12.	Post hydrotherapy fatigue.	Yes	□		
13.	Rinsing prior to entering pool.	Yes	□		
14.	Concourse ambulation safety.	Yes	□		
15.	Explanation of pool depth.	Yes	□		
16.	Advised must bring own towel.				
17.	Showering requirements post hydrotherapy session.	Yes	□		
18.	Advised member if their medical situation changes they are required to notify a staff member prior to participation.	Yes	□		

Gym:

1.	Any 'Yes' answers in Stage 3?	Yes	□	No	□
	If yes, have the appropriate follow up requirements been met?	Yes	□	No	□
2.	Explanation of entry, exit and scan on points.	Yes	□		
3.	Explanation of fire emergency exit point.	Yes	□		
4.	Toilet facilities, lockers and emergency buttons.	Yes	□		
5.	Orientation to gym and gym equipment.	Yes	□		
6.	Advised requirement to bring own towel.	Yes	□		
7.	Advised requirement to wipe down machine post usage.	Yes	□		
8.	Hydration recommendations.	Yes	□		

Any follow up required? **Yes** □ **No** □

If yes, please specify.

_____

_____

_____

Induction completed by:

Name: _____ **Date:** _____

Signature: _____