Use of the Adult Pre-exercise Screening Tool

This form must be completed annually by all staff wishing to take participate in physical activities listed on the Approved Wellness Activities list. Once complete, please return the signed form to wellness.staff@curtin.edu.au.

Declaration and consent:
I declare that the information supplied is complete and correct in every particular. I consent to the information on this form being used by Curtin University of Technology to assess my request to participate in approved physical Wellness Program activities. I acknowledge that I have read and understood the University’s privacy statement located at http://global.curtin.edu.au/legal/privacy.cfm

Acknowledgement and release:
1. I acknowledge that this screening tool does not provide advice on a particular matter, nor does it substitute for advice from an appropriately qualified medical professional.
2. I acknowledge that no warranty of safety should result from its use. The screening system in no way guarantees against injury or death.
3. I acknowledge that I have had the full opportunity to obtain advice from a medical professional to satisfy myself in relation to the risks associated with the Wellness Program activity I have applied to participate in.
4. I confirm that I am physically and mentally capable of participating in the Wellness Program activity to which I am applying.
5. I will not hold Curtin University of Technology and/or its employees liable for any personal injuries or accidents arising from my participation in any the Wellness Program activities; with the exception of any statutory rights that I may hold.

<table>
<thead>
<tr>
<th>Full name:</th>
<th>Signature:</th>
<th>Date:</th>
</tr>
</thead>
</table>

Please direct any queries to wellness.staff@curtin.edu.au
### ADULT PRE-EXERCISE SCREENING TOOL

This screening tool does not provide advice on a particular matter, nor does it substitute for advice from an appropriately qualified medical professional. No warranty of 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 Exercise and Sports Science Australia, Fitness Australia or Sports Medicine Australia for any loss, damage or injury that may arise from any person acting on any statement or information contained in this tool.

| Name: ____________________________ | Date of Birth: ____________ | Male ☐ | Female ☐ | Date: ____________ |

#### STAGE 1 (COMPULSORY)

**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 stage is self-administered and self-evaluated.

**Please circle response**

1. Has your doctor ever told you that you have a heart condition or have you ever suffered a stroke?  
   - Yes ☐  
   - No ☐

2. Do you ever experience unexplained pains in your chest at rest or during physical activity/exercise?  
   - Yes ☐  
   - No ☐

3. Do you ever feel faint or have spells of dizziness during physical activity/exercise that causes you to lose balance?  
   - Yes ☐  
   - No ☐

4. Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months?  
   - Yes ☐  
   - No ☐

5. If you have diabetes (type I or type II) have you had trouble controlling your blood glucose in the last 3 months?  
   - Yes ☐  
   - No ☐

6. 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?  
   - Yes ☐  
   - No ☐

7. Do you have any other medical condition(s) that may make it dangerous for you to participate in physical activity/exercise?  
   - Yes ☐  
   - No ☐

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**IF YOU ANSWERED 'YES' to any of the 7 questions, please seek guidance from your GP or appropriate allied health professional prior to undertaking physical activity/exercise**

**IF YOU ANSWERED 'NO' to all of the 7 questions, and you have no other concerns about your health, you may proceed to undertake light-moderate intensity physical activity/exercise**

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

Signature ____________________________  
Date ____________________________

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ESSA - Exercise & Sports Science Australia  
Fitness Australia  
Sports Medicine Australia
## Exercise Intensity Guidelines

<table>
<thead>
<tr>
<th>Intensity Category</th>
<th>Heart Rate Measures</th>
<th>Perceived Exertion Measures</th>
<th>Descriptive Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sedentary</td>
<td>&lt; 40% HRmax</td>
<td>Very, very light RPE# &lt; 1</td>
<td>• Activities that usually involve sitting or lying and that have little additional movement and a low energy requirement</td>
</tr>
<tr>
<td>Light</td>
<td>40 to &lt;55% HRmax</td>
<td>Very light to light RPE# 1-2</td>
<td>• An aerobic activity that does not cause a noticeable change in breathing rate</td>
</tr>
<tr>
<td>Moderate</td>
<td>55 to &lt;70% HRmax</td>
<td>Moderate to somewhat hard RPE# 3-4</td>
<td>• An aerobic activity that is able to be conducted whilst maintaining a conversation uninterrupted</td>
</tr>
<tr>
<td>Vigorous</td>
<td>70 to &lt;90% HRmax</td>
<td>Hard RPE# 5-6</td>
<td>• An aerobic activity in which a conversation generally cannot be maintained uninterrupted</td>
</tr>
<tr>
<td>High</td>
<td>≥ 90% HRmax</td>
<td>Very hard RPE# ≥ 7</td>
<td>• An intensity that generally cannot be sustained for longer than about 10 minutes</td>
</tr>
</tbody>
</table>

\# = Borg’s Rating of Perceived Exertion (RPE) scale, category scale 0-10