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**POLICY TITLE:** HEALTH SCREENING PROCEDURE

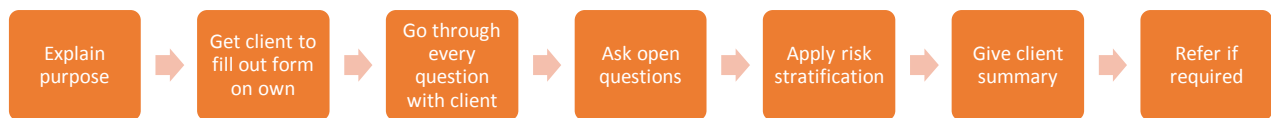
**ADMINISTERED BY:** GENERAL MANAGER

**APPLICABILITY:** ALL EMPLOYEES AND CONTRACTORS

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**ASSOCIATED DOCUMENTS:**

- Lifestyle Questionnaire
- Referral Letter Template
- Adult Pre-Exercise Screening form



1. Explain the purpose of the Adult Pre-Exercise Screening form with client
  - a. “I will get you to fill out this 1 page form so that we can get an idea of your current health status”
2. Explain the purpose of the Lifestyle Questionnaire with client
  - a. “I will get you to also fill out this 2 page form so we can get an idea of your current exercise habits and your goals so that we can tailor your experience here to maximize your results”
3. Client fills out the Adult Pre-Exercise Screening form and Lifestyle Questionnaire
  - a. Use the Adult Pre-Exercise Screening form and Lifestyle Questionnaire
  - b. Sit client in a comfortable, quiet and distraction-free environment
  - c. Let the client fill out the questionnaire on their own
  - d. Avoid hovering around as this makes the client feel rushed and then they may not put as much thought into their responses.
  - e. Leave the client for about ten (10) minutes to fill out the form
4. Go through every question with the client and ask open questions to gather as much information as possible
  - a. Occupation – discuss so you get an idea of how active their job is

- b. Has your doctor ever told you that you have a heart condition or have you ever suffered a stroke? – if yes, when, what medication are you taking, what are the details of the condition, are you currently under the care of a GP?
  - c. Do you ever experience unexplained pains in your chest at rest or during physical activity? – if yes, when was the last time? What were you doing? How long did they last? How painful (out of 20)?
  - d. Do you ever feel faint or have spells of dizziness during physical activity that causes you to lose balance? – if yes, when was the last time? What were you doing? How long did they last? What did you do?
  - e. If you have diabetes have you had trouble controlling your blood glucose in the last 3 months? – if yes, what were you doing? Did you seek medical advice?
  - f. Do you have any diagnosed muscle, bone or joint problems that you have been told could be made worse by participating in physical activity? – if yes, what, where, out of 10 how bad is pain, what type of pain is it, what advice have you been given?
  - g. Do you have any other medical conditions that may make it dangerous for you to participate in physical activity? – if yes, what, why do you believe it is dangerous, when was the last time you suffered from the condition?
  - h. Lifestyle and exercise – ensure you have a very good understanding of exactly what the client is currently doing
  - i. Nutrition - ensure you have a very good understanding of exactly what the client is currently doing
  - j. Goals – ensure you ask questions to clarify exactly what the person wants to achieve. Guide them through the concept of SMART goals and write down at least 1 SMART goal
5. Apply a risk stratification process
- a. A medical clearance is required if:
    - i. They answer yes to 1 or more of the following questions in Stage 1:
  - b. If you are unsure whether or not the client requires a medical certificate, refer the matter to the Personal Training Manager for further advice.
6. Give the client a summary of findings
- a. The positive aspects of the screening
  - b. The aspects of the screening that need work
  - c. Whether a medical clearance is required
  - d. If their goals are relevant and achievable
  - e. Information on the type of training program that would be suitable
  - f. What will happen next
7. Refer the client (if required)
- a. Use the 'Referral Letter Template' to write a referral letter for the client
8. File documentation
- a. File all documentation in the client's file in the lockable filing cabinet in the back staff room