



- Participant Consent Form -

Pre-exercise screening – please answer all questions below

Has your doctor ever said that you had a heart condition or have you ever suffered a stroke? **Yes No**

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

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

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

If you have diabetes (Type I or II) have you had trouble controlling your blood glucose in the last 3 months? **Yes No**

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**

Do you have any metal implants (incl. joint replacement, plates or screws)? **Yes No**

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

IF YOU ANSWERED 'YES' to any of the above questions vigorous exercise or exercise testing may have to be postponed. Medical clearance may be necessary from an appropriate medical professional (i.e. GP).

Additional relevant information:

Medical Clearance:

"In my opinion, I see no medical reason that what prevent the above patient from full participation in the PROST! Exercise program conducted in partnership with the UWA Exercise & Performance Centre, and their health status is stable enough to participate in a program which involves moderate to vigorous exercise"

Treating Dr

Date

Client's Name

Hospital/Clinic