

## NSW Alpine and Ski and Snow-Sport Australia PRE-ACTIVITY QUESTIONNAIRE

### PERSONAL DETAILS

Full Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ M F  
 Home Address: \_\_\_\_\_  
 Postal Address (if different from above): \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Sport (if relevant): \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

Prior to participation in any tests of strenuous physical activity you are required to complete the following questionnaire in full. If you answer yes to any of the following questions you may be required to speak to your doctor and receive a medical clearance before the test. If in doubt about any question please consult with Manfred Wolscher

### MEDICAL HISTORY

Please indicate and provide an explanation if **you** have experienced any of the following medical conditions.

Condition	YES	Explanation
Heart Disease		
Heart Attack		
Shortness of Breath		
Chest Pain		
Other Heart Condition		
High Blood Pressure		
High Cholesterol		
Rheumatic Fever		
Other Circulatory Condition		
Diabetes		
Other Gland Problems		
Anaemia		
Other Blood Disorders		
Allergies		
Arthritis		
Back Complaint		
Gout		
Muscular Illness		
Other Bone or Joint Problem		
Asthma		
Tuberculosis		
Pneumonia/Pleurisy		
Chronic Bronchitis		
Other Respiratory Disorder		
Hernia or Rupture		
Heat-Related Illness		
Stomach/Duodenal Ulcer		
Epilepsy or Fits		
Liver Condition		
Blackouts/Fainting		
Kidney Condition		
Stroke		

### ILLNESS & INJURY

Are you currently suffering from or have you had any type of illness or injury during the last two weeks that may impair your ability to exercise?

☐ NO ☐ YES

If yes, provide details (type, severity): \_\_\_\_\_

### MEDICATION/SUPPLEMENTS

Are you currently taking or have you taken any medication or supplements over the last two weeks?

☐ NO ☐ YES

If yes, provide details (type, dosage): \_\_\_\_\_

### EXERCISE BACKGROUND

What are your current physical activity patterns?

- a. Frequency: \_\_\_\_\_ exercise sessions per week  
b. Average intensity: ☐ Sedentary ☐ Moderate ☐ Vigorous  
c. History: ☐ < 3 months ☐ 3-12 months ☐ >12 months  
d. Average duration: \_\_\_\_\_ minutes per session

What types of school sport are you currently participate in?

How many times per week do you attend school sport sessions? Type?

\_\_\_\_\_

How many times per week do you attend sports club activity (e.g. soccer, gymnastic etc)?- Type?

\_\_\_\_\_

Describe your last 3 training sessions (including school sport)

1. Date & Time: \_\_\_\_\_ Type: \_\_\_\_\_ Difficulty (easy/mod/hard): \_\_\_\_\_  
2. Date & Time: \_\_\_\_\_ Type: \_\_\_\_\_ Difficulty (easy/mod/hard): \_\_\_\_\_  
3. Date & Time: \_\_\_\_\_ Type: \_\_\_\_\_ Difficulty (easy/mod/hard): \_\_\_\_\_

### Diet

Evaluate your diet over the last two days:

☐ POOR ☐ OK GOOD ☐ EXCELLENT

### TRAVEL

Have you had to travel for a significant distance over the last seven days?

☐ NO ☐ YES

If yes, provide details (e.g. plane, car, duration of trip): \_\_\_\_\_

### MISCELLANEOUS

Please provide any additional information that you believe may influence your fitness test results.

### FOR FEMALES ONLY

1. Please indicate your current menstrual status:

☐ No menstruation ☐ Irregular menstruation ☐ Regular menstruation

2. Approximately how many days since your last menstruation? \_\_\_\_\_

I (print name) \_\_\_\_\_ consent to participate in the testing procedures and the Fitness Clinic at Narrabeen. I have read the explanation of testing procedures and fully understand what I will be required to do.

1. I understand that during this test I will be undertaking exercise at or near the extent of my physical capacity. While research shows that when completed under the supervision of trained personnel, the risks associated with this type of exercise are generally minimal, physiological changes can occur, leading to cardiovascular complications, fainting and general muscle soreness. Testing staff are fully qualified exercise therapists and possess a current first-aid certificate. Standard emergency procedures will be employed if necessary.
2. I have completed the Medical and Pre-activity Questionnaire and, to the best of my knowledge, have detailed any illness or physical condition which may place me at undue risk during exercise.
3. I agree that I have received an information package clearly explaining the testing procedures and that Trainer staff have answered any questions fully and clearly.
4. I release the NSW Ski Association and Skiing Australia, its contractors (Coaches) from any liability for any injury or illness that I may suffer while undertaking the assessment or training at the fitness clinic subsequently occurring in connection with the assessment or which is to any extent contributed to by it.
5. I will indemnify the NSW Ski Association and Snow Sport Australia in respect of any liability it may incur in relation to any other person in connection to the assessment and fitness clinic.

7. I agree to make available any of the testing data obtained during this testing for comparison purposes for NSW alpine and NAC

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's or Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness name (print): \_\_\_\_\_

Witness signature: \_\_\_\_\_ Date: \_\_\_\_\_