

YOUR PRE-EXERCISE CHECKLIST

If you tick yes or unsure to any of the following, speak with your doctor before starting an exercise program

- | | Yes | No | Unsure |
|---|--------------------------|--------------------------|--------------------------|
| • Do you currently , or have you ever suffered from a high or low blood pressure condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Has your doctor ever told you that you have a heart condition or have you ever suffered a stroke? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you ever experience unexplained pains in your chest at rest or during physical activity/exercise? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you ever feel faint or experience dizziness during physical activity/exercise that causes you to lose balance? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • If you have diabetes (Type 1 or Type 2) have you had trouble controlling your blood glucose in the last 3 months? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • 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? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you have any other medical conditions that may make it dangerous for you to participate in physical activity/exercise? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are there any injuries or restrictions that may affect your participation in exercise? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

