

PRE-EXERCISE SCREENING SYSTEM FOR YOUNG PEOPLE

PARENT TOOL (PSS-PARENT)



Important Information: This tool is part of the Pre-Exercise Screening System (PSS) and should be used in conjunction with the PSS User Guide which covers how to use the information collected and to address the aims of each stage. This does not constitute medical advice. These guidelines and the PSS (together 'the material') is not intended for use to diagnose, treat, cure or prevent any medical conditions, is not intended to be professional advice and is not a substitute for independent health professional advice. Exercise & Sport Science Australia, Fitness Australia, Sports Medicine Australia and Exercise is Medicine (together 'the organisations') do not accept liability for any claims, howsoever described, for loss, damage and/or injury in connection with the use of any of the material, or any reliance on the information therein. While care has been taken to ensure the information contained in the material is accurate at the date of publication, the organisations do not warrant its accuracy. No warranties (including but not limited to warranties as to safety) and no guarantees against injury or death are given by the organisations in connection with the use or reliance on the material. If you intend to take any action or inaction based on the guidelines and/or the PSS, it is recommended that you obtain your own professional advice based on your specific circumstances.

Child/Young Person's Details:

Full Name: _____

Date of Birth: _____ Age: _____ Gender: Male Female Prefer not to say Other

Pre-exercise screening results will be kept as confidential files and shared only among individuals involved in the event of urgent medical care, and/or with the consent of the young person and/or parent/guardian.

STAGE 1 (COMPULSORY)

To be completed with a parent/guardian in conjunction with an exercise professional or the individual who is responsible for the medical care of the young person.



These questions are part of a screening system designed for young people participating in exercise. The aim is to identify any young person with medical conditions or warning signs that may put them at a higher risk of an unwanted event during activity or exercise sessions. Unwanted events may include something unexpected during exercise leading to illness, physical harm or death.

Definition of Child: Any young person between the age of 5-15 years old in your care

Please tick your response

| Does your child have, or previously had: | YES | DON'T KNOW | NO |
|--|-----------------|------------|----|
| 1. A heart condition? | | | |
| 2. A close relative who has died suddenly from a heart condition before the age of 50? | | | |
| 3. Uncontrolled epilepsy or seizures/convulsions? | | | |
| 4. Fainting or dizzy spells with physical activity/exercise? | | | |
| 5. Diabetes? | | | |
| 6. An asthma attack requiring immediate medical attention at any time over the last 12 months? | | | |
| 7. Anaphylactic reactions? | | | |
| 8. Surgery in the last month? | | | |
| 9. Any other conditions that may require special consideration for your child to exercise? | | | |
| IF YOU ANSWERED 'YES' or 'DON'T KNOW' to any of the 9 questions above, please discuss with the exercise leader or the person administering this form prior to undertaking exercise. | | | |
| IF YOU ANSWERED 'NO' we recommend you proceed to Stage 2 with the exercise leader or those providing medical care for the young person. | | | |
| 10. Over the past seven days, on how many days was your child physically active for a total of 60 minutes or more per day? | Number of days: | | |

Parent/Guardian - I hereby acknowledge that:

- » To the best of my knowledge, all of the information supplied within this tool is correct.
- » I will inform the exercise leader or those providing medical care for the young person if there are any changes to the information provided.

Name: _____ Signature: _____ Date: _____

Office use only

Staff Initial: _____ M/ship type: _____ RENEWAL / NEW Local: YES/NO

Referral Required? YES/NO

Full or Gym Membership Appraisal booked? YES/NO Date Booked: _____

MAJOR MEDICAL ACTIONS (tick when completed)

| | | | | | | | |
|------|--|---------|--|-----------------|--|-------------------|--|
| Flag | | Comment | | Access disabled | | Excel Spreadsheet | |
|------|--|---------|--|-----------------|--|-------------------|--|

Stage 1 (Compulsory) Questions

Gym Instructor Use Only

Clarification for 'Yes' answer

1.

2.

3.

4.

5.

6.

7.

Emergency Contact: _____ Phone: _____

I agree to notify staff if there are any changes to my health at any time, which may affect my ability to safely participate in physical exercise. This will assist with your exercise program and safety.

Signature: _____ Date: _____

| | | |
|----------------------------|-----|----|
| MyWellness Contact Created | Yes | No |
|----------------------------|-----|----|