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Ballan Health and Care Services
Hydrotherapy Pool and Gym

Membership Pre-Screening Form

This screening tool does not provide advice on a matter, nor does it substitute for advice from an appropriately qualified medical professional. No warranty for safety should result from its use. The screening system in no way guarantees against injury or death. No responsibility or liability whatsoever can be accepted by mecwacare for any loss, damage or injury that may arise from any person acting on any statement or information contained in this form.

Please complete the following details:

Name: _____ Date of birth: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Contact number: H _____ M _____

Email: _____

Emergency contact details:

Name: _____

Relationship: _____ Contact number: _____

Please indicate any medical conditions or requirements:

_____

_____

_____

_____

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Please indicate if you have any of the following conditions. Tick the corresponding box.

Absolute contraindications:

1. Vomiting or diarrhoea ☐
2. Resting angina ☐
3. Shortness of breath at rest ☐
4. Uncontrolled cardiac failure ☐
5. Chlorine sensitivity ☐
6. Known aneurysm ☐
7. Unmanaged urinary or faecal incontinence ☐
8. Advanced renal failure ☐
9. High grade fever ☐

Relative contraindications:

10. Irritated skin or undergoing radiotherapy/chemotherapy ☐
11. Open or infected wound ☐
12. Poorly controlled epilepsy ☐
13. Unstable diabetes ☐

Precautions:

14. Cognitive impairment ☐
15. Controlled epilepsy ☐
16. High blood pressure ☐
17. Vision/hearing impairments ☐
18. Numbness in limbs ☐
19. Diabetic ☐
20. Respiratory conditions ☐
21. Pregnancy ☐
22. Widespread MRSA ☐
23. Kidney disease ☐
24. Skin conditions (tinea, eczema, infections) ☐
25. Heart disease ☐
26. Other: _____

Adult Pre-Exercise Screening System (APSS)

AIM: To identify individuals with known disease and/or signs or symptoms of disease, who may be at higher risk of an adverse event due to exercise. An adverse event refers to an unexpected event that occurs as a consequence of an exercise session, resulting in ill health, physical harm or death. This stage may be self-administered and self-evaluated by the client. Please complete the questions below. Should you have any questions about the screening form, please contact your exercise professional for clarification.

	YES	NO
1. Has your medical practitioner ever told you that you have a heart condition or have you ever suffered a stroke?		
2. Do you ever experience unexplained pains or discomfort in your chest at rest or during physical activity/exercise?		
3. Do you ever feel faint, dizzy or lose balance during physical activity/exercise?		
4. Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months?		
5. If you have diabetes (Type 1 or 2) have you had trouble controlling your blood sugar (glucose) in the last three months?		
6. Do you have any other conditions that may require special consideration for you to exercise?		

IF YOU ANSWERED 'YES' to any of the questions, please seek guidance from an appropriate allied health professional or medical practitioner prior to undertaking exercise.

IF YOU ANSWERED 'NO' to all of the questions, please proceed to question 7 and calculate your typical weighted physical activity/exercise per week.

7. Describe your current physical activity/exercise levels in a typical week by stating the frequency and duration at the different intensities. For intensity guidelines consult figure 2.

Intensity	**Light**	**Moderate**	**Vigorous/High**
Frequency (number of sessions per week)	_____	_____	_____
Duration (total minutes per week)	_____	_____	_____

Weighted physical activity/exercise per week

Total minutes = (minutes of light + moderate) + (2 x minutes of vigorous/high)

TOTAL = _____ minutes per week

- If your total is less than 150 minutes per week then light to moderate intensity exercise is recommended. Increase your volume and intensity slowly.
- If your total is more than or equal to 150 minutes per week then continue with your current physical activity/exercise intensity levels.
- It is advised that you discuss any progression (volume, intensity, duration, modality) with an exercise professional to optimise your results.

Please note: If the assessing staff member concludes that participation in exercise, either hydrotherapy or gym based, is unsafe or can potentially result in harm to you or others, the staff member will deny access to the facility until otherwise stated.

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By signing below, I declare that:

A) The information I have supplied above is true and correct

B) I will inform a pool/gym staff member or coordinator if there are any changes in my medical condition

C) I have read and agree to the centre's terms and conditions

Signature: _____ Date: _____

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Membership induction *(staff to complete)*

Discuss the following with the member. Please tick the appropriate box.

Hydrotherapy pool:

1.	Any ticks in stage 1, questions 1-8?	Yes ☐		No ☐
	If yes, advised no entry requirements			
2.	Any ticks in stage 1, questions 10-13?	Yes ☐		No ☐
	If yes, advised GP clearance requirement	Yes ☐		
3.	Explanation of water immersion impact on cardiovascular system	Yes ☐		N/A ☐
4.	Explanation of water immersion impact on BGL	Yes ☐		N/A ☐
5.	Explanation of thermoregulation precautions in pregnancy	Yes ☐		N/A ☐
6.	Explanation of water immersion impact on respiratory function	Yes ☐		N/A ☐
7.	Explanation of water immersion impact on kidneys	Yes ☐		N/A ☐
8.	Can the member swim?	Yes ☐		No ☐
9.	Pool/spa entry induction	Stairs ☐		Hoist ☐
10.	Recommended footwear on pool concourse	Usual ☐		Bare ☐
		Flip flops ☐		
11.	Hydration recommendations	Yes ☐		
12.	Post hydrotherapy fatigue	Yes ☐		
13.	Rinsing prior to entering pool	Yes ☐		
14.	Concourse ambulation safety	Yes ☐		
15.	Explanation of pool depth	Yes ☐		
16.	Advised must bring own towel	Yes ☐		
17.	Showering requirements post hydrotherapy sessions	Yes ☐		
18.	Advised member that if their medical condition changes they are required to notify a staff member prior to participation	Yes ☐		

Gym:

1.	Any 'yes' answers in stage 3?	Yes ☐		No ☐
	If yes, have the appropriate follow-up requirements been met?	Yes ☐		No ☐
2.	Explanation of entry, exit and scan on points	Yes ☐		
3.	Explanation of fire emergency exit point	Yes ☐		
4.	Toilet facilities, lockers and emergency buttons	Yes ☐		
5.	Orientation to gym and gym equipment	Yes ☐		
6.	Advised requirement to bring own towel	Yes ☐		
7.	Advised requirement to wipe down machine post usage	Yes ☐		
8.	Hydration recommendations	Yes ☐		

Any follow-up required? YES NO

If yes, please specify

Induction completed by:

Name: _____ Date: _____

Signature: _____

Membership number:
Card number:
Membership type:
Payment type:
Commencement date:
Staff initials: