



Striders Health Screening Checklist:

Please check through this list. If you tick 'YES' to any of these below you must speak to a group leader and **you are also advised to obtain the permission of your doctor to participate in training activities.** (Use the Consent form on the 'members' page of our website: www.striders.com.au)

- Are you male over 45 or female over 55 years & NOT used to regular, moderate intensity exercise? Yes No
- Have you been given advice from your doctor not to exercise? Yes/No
- Have your parents or siblings had a heart attack, suffered from a cardiovascular / heart disease, stroke, raised cholesterol or sudden death before 65 years old? Yes No
- Do you have diabetes? Yes No If Yes, please indicate if : IDDM OR NIDDM
If IDDM- how many years? ____
- Have you had a stroke? Yes No
- Do you take asthma medication? Yes No
- Or have difficulty breathing due to Bronchitis or Emphysema? Yes No
- Has your doctor ever said you have heart trouble /heart disease ? Yes No
- Are you pregnant or given birth in the last 6 weeks? Yes No N.A.
- Are you on any regular prescribed medication? Yes No . If Yes, provide a brief description.....
- Do you smoke cigarettes? Yes No Number per day _____
- Did you ever smoke? Yes No If you circled yes, when did you give up?

- Have you experienced menopause before 45 years of age? Yes No If yes- are you on hormone replacement medication? _____
- Do you have Gout, Osteoarthritis, Rheumatoid Arthritis, Ross River, Fibromyalgia, SLE or other form of arthritis? Yes No
- Are you currently dieting or fasting? Yes No
- Do you suffer from allergies and require an epipen? Yes No
- Do you have a pacemaker? Yes No