



SELF ASSESSMENT CHECKLIST & FITNESS DECLARATION FORM

The purpose of the following self-assessment checklist is to find out if you need to go through medical screening before signing up for a course. Please read the questions carefully and answer each question honestly with a “YES” or “NO”.

1	Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?	YES / NO
2	Do you feel pain in your chest when you do physical activity?	YES / NO
3	In the past month, have you had chest pain when you were not doing physical activity?	YES / NO
4	Do you lose your balance because of dizziness or do you ever lose consciousness?	YES / NO
5	Do you have a bone or joint problem (for example, back, knee or hip)? That could be made worse by a change in your physical activity?	YES / NO
6	Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?	YES / NO
7	Do you know of any other reason why you should not do physical activity?	YES / NO

If you answered “YES” to any of the above questions, or if you not 100% sure of the answer to any of the questions, you will need to go through medical screening before you can take part in the courses.

If you answered “NO” to all of the above questions, you may use this form as a declaration of fitness and sign up for the courses without further medical screening. Please complete the declaration form and submit this form as a declaration of fitness together with your registration form to the training organisation.

I, _____ (name), IC number _____ declare that all information provided is true. I am aware that the courses have physically demanding activities and I will immediately inform the course instructors if I am feeling unwell.

Signature of course applicant

Date