

# PRE-EXERCISE SCREENING SYSTEM FOR YOUNG PEOPLE

## YOUNG PERSON TOOL (PSS-YP)



To be completed  
by a young person  
16-17 years old

**Important Information:** This tool is part of the Pre-Exercise Screening System 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 an exercise professional or individual who is responsible for the medical care of the young person.

These questions are part of a 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.

Please tick your response

| Do you 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 you to exercise?  |                 |            |    |
| <b>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.</b> |                 |            |    |
| <b>IF YOU ANSWERED 'NO' we recommend you proceed to Stage 2 with the exercise leader or those providing medical care.</b>  |                 |            |    |
| 10. Over the past seven days, on how many days were you physically active for a total of 60 minutes or more per day?   | Number of days: |            |    |

**Young Person** - I hereby acknowledge that:

- » To the best of my knowledge, all of the information I have supplied within this screening tool is correct.
- » I will inform the exercise leader or person administering this form if there are any changes to the answers above.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian Consent (\*required if young person 15 years old or younger)** - 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 immediately if there are any changes to the information provided.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 24-hour Physical Activity Guidelines

Following these guidelines may be challenging at times; however, meeting them will benefit health. Achieving these guidelines is associated with better health and leads to improved body composition, cardiorespiratory and musculoskeletal fitness, cardiovascular and metabolic health, improved cognition, mental health and emotional regulation. For those not currently meeting these guidelines, a progressive adjustment towards them is recommended.

**Figure 1. 24-hour physical activity guidelines**

(<http://www.health.gov.au/internet/main/publishing.nsf/Content/health-24-hours-phys-act-guidelines>)



## STAGE 2 (RECOMMENDED)

This stage is to be completed with an activity or exercise leader, or a relevant health professional, to highlight possible medical conditions or warning signs that may put a young person at a higher risk of an unwanted event during activity or exercise sessions.

### 11. Do you take any regular medications or supplements?

YES  NO

If you are taking any regular medications or supplements, provide details:

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### 12. Do you have any current health or medical management plans (e.g. anaphylaxis, asthma or diabetes)?

YES  NO

If yes, provide details:

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If yes to above, do you always carry any required medication?

- » Anaphylaxis - EpiPen? YES  NO  NA
- » Diabetes - insulin or glucose? YES  NO  NA
- » Asthma - reliever (Ventolin or other)? YES  NO  NA

### 13. Have you experienced heat related illness previously?

YES  NO

If yes, provide details:

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**14. Have you spent time in hospital (including day admission) for any medical condition/ illness/ injury during the last 12 months?**

YES  NO

If yes, provide details:

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**15. Do you have any muscle, bone or joint problems and/or pain that could be made worse by participating in activity?**

YES  NO

If yes, provide details:

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**16. In the last month have you suffered an episode of concussion?**

YES  NO

If yes, provide details:

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| 17. Which of the following behaviours did you do in the last 7 days?        | YES/NO | How many times? | For how long (average)? |
|---|--------|-----------------|-------------------------|
| Sport (including training)  |        |                 |                         |
| Physical Education class  |        |                 |                         |
| School physical activity (e.g. fitness, lunch-time sports)                  |        |                 |                         |
| Active travel (e.g. walk or cycle to shops/school/work)                     |        |                 |                         |
| Other physical activity (e.g. gym, walking the dog, play at the playground) |        |                 |                         |

|   |  |
|---|--|
| Over the last week, what time did you go to bed (Sunday to Thursday evening)? |  |
| Over the last week, what time did you wake up (Monday to Friday morning)?     |  |
| On the weekend (Friday or Saturday evening), what time did you go to bed?     |  |
| On the weekend (Saturday or Sunday morning), what time did you wake up?       |  |

| On the last 5 weekdays (Monday to Friday), how much time on average did you spend:    | Hours |
|---|-------|
| - watching movies or TV shows on any device (TV, computer, tablet or smartphone?)     |       |
| - surfing the internet for fun?   |       |
| - texting or messaging, or using social media?  |       |
| - playing videogames on smartphones, computers, tablets or consoles like Playstation? |       |

**\*OPTIONAL\***

**18. Are you pregnant or have you recently given birth?**

YES  NO

If yes, provide details:

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