



## LEADERSHIP CHALLENGE PRE-SCREENING QUESTIONNAIRE

Activities associated with the ERMQ Leadership Challenge can at times involve risk of injury and other dangers associated with participation in the event. This form is to be completed in preparation for the leadership challenge. It is important that you disclose ALL of your existing medical conditions before commencing the Leadership Challenge. This questionnaire does not provide medical advice in any form and does not substitute advice from appropriately qualified professionals.

<b>First Name:</b>			
<b>Surname:</b>			
<b>Address:</b>			
	<b>State:</b>	<b>P/code:</b>	
<b>Phone:</b>		<b>Email:</b>	
<b>Emergency contact: Name and Number</b>			

### PART ONE:

Do you suffer from any form of heart condition?

Yes

No

Have you ever had a stroke?

Yes

No

Have you ever been faint or suffer from spells of dizziness?

Yes

No

Do you suffer from asthma and require medication?

Yes

No



Do you suffer from type I or II diabetes?

Yes

No

Do you suffer from any muscle or joint conditions that may limit you?

Yes

No

Do you suffer from any medical conditions that may be made worse by participating in physical activity?

Yes

No

Do you suffer from high blood pressure over 140/90 or low blood pressure below 100/80?

Yes

No

## **PART TWO (OPTIONAL)**

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Do you smoke? If so how many cigarettes per day/week?

Are you currently on any medication? YES / NO

If yes what is it and for what condition?

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Are you pregnant or have you given birth in the past 12 months? YES / NO

If yes provide details on how many months and any related conditions

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