



Exercise and Physical Activity Readiness Assessment of Children and Young Adolescents (ExPARA)*

This Exercise and Physical Activity Readiness Assessment (ExPARA) instrument is designed to screen for a wide range of common health-related problems often seen only in children and/or young adolescents.

Important information for parents/guardians

The purpose of this form is to ensure we provide every child and/or adolescent with the highest level of care.

For most children, physical activity provides an opportunity for children and adolescents to have fun and promotes the basis for good health and an enhanced quality of life for the future.

However, there are a small number of children or adolescents who may be at risk when participating in an exercise/physical activity program. We ask therefore that you read and complete this questionnaire carefully and return it to the appropriate staff member in charge. The information contained in this form is confidential and is subject to the laws and regulations contained in the privacy laws enacted in December 2001.

Personal details

Name: _____ DOB: _____ M/F: _____

Height (cm): _____ Weight (kg): _____ BMI: _____

How old was your child as at 1 January this year? _____

Name/s of parent/s or guardian/s: _____

Home Address: _____

Private home contact ph: _____ Work ph: _____ Mobile: _____

Has a GP or specialist referred your child? _____

Doctor's name: _____ Contact ph: _____

If there is an emergency, specify the person who should be contacted and their emergency phone number:

Name: _____ Contact ph: _____

After hours emergency contact ph: _____

Please note: In case of a medical emergency, an ambulance may be used to transport your child to the nearest medical treatment service.

Heart-Lung-Other systems

1. Does your child have, or has your child had:

- ☐ Heart condition (please specify) _____
- ☐ Cystic Fibrosis _____
- ☐ Diabetes (Type I or Type II – please specify) _____
- ☐ High blood pressure (specify when last taken) _____
- ☐ High cholesterol _____
- ☐ Unexplained coughing during or after exercise _____
- ☐ Breathing problems or shortness of breath (for example, asthma, emphysema) _____

2. Does your child experience or has your child ever experienced:

- ☐ Epilepsy or seizures/convulsions _____

If yes, is it at rest or during exercise?

- ☐ fainting
- ☐ dizzy spells
- ☐ heat stroke/heat-related illness increased
- ☐ bleeding tendency/haemophilia/other
- ☐ (please specify) _____

3. Does your child have, or has your child had, an eating disorder?

- ☐ Yes ☐ No

4. Does your child take any medications for (please name):

- ☐ heart problem _____ ☐ epilepsy _____
- ☐ diabetes _____ ☐ Attention Deficit Disorder (ADD) _____
- ☐ asthma, breathing problems _____ ☐ allergies _____
- ☐ blood pressure _____
- ☐ other (please specify) _____

4.1 If your child is taking any medication, please state if there are any side effects experienced as a result of taking this medication: _____

Brain-Muscle system

1. Does your child have, or has your child had difficulty/problems with any of the following?

- | | |
|---|---|
| <input type="checkbox"/> vision | <input type="checkbox"/> motor sensory skills |
| <input type="checkbox"/> hearing/speech | <input type="checkbox"/> poor balance/instability |
| <input type="checkbox"/> language | <input type="checkbox"/> sleep apnoea |

2. Has your child ever experienced a brain or spinal injury?

- ☐ Yes ☐ No

3. Does your child experience difficulty in the skill of:

- ☐ climbing up stairs ☐ walking down stairs ☐ none of the above

Muscle-Bone system

1. In the last six months, has your child had any muscular pain while exercising?

☐ Yes ☐ No

If yes, please explain and indicate where the pain has occurred (eg. 'pain in the back of the right heel' or 'pain on the inside of the right elbow'):

1.1 Has a doctor treated this pain?

☐ Yes ☐ No

2. In the last six months, has your child experienced joint pain, or pain in the bones?

☐ Yes ☐ No

If yes, please explain and indicate where the pain has occurred (eg. 'front of right leg' or 'behind my knee bone'):

2.1 Has this joint pain, or pain in the bones been treated by a doctor?

☐ Yes ☐ No

2.2 Has your child broken any bones or suffered injury to their bones in the last 12 months?

☐ Yes ☐ No

If yes, please explain where and how the break/injury occurred.

Special conditions

1. Does your child use a 'puffer' or 'ventilator' for asthma?

☐ Yes ☐ No ☐ Not applicable

2. Does your child self-administer insulin for diabetes?

☐ Yes ☐ No ☐ Not applicable

3. Does your child have any chronic disability or chronic illness?

☐ Yes ☐ No

If yes, please indicate the condition:

<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Hypermobility
<input type="checkbox"/> ADHD	<input type="checkbox"/> Obesity
<input type="checkbox"/> Downs Syndrome	<input type="checkbox"/> Intellectual impairment
<input type="checkbox"/> Other (please specify):	

4. Is your child allergic to food, medications, pollens or other allergens or specific environments?

☐ Yes ☐ No

If yes, please explain what causes have been identified with this/these allergy/ies:

5. Does your child follow a special diet?

☐ Yes ☐ No

6. Has your child ever been diagnosed with a nutritional deficiency (such as non-iron deficiency)?

☐ Yes ☐ No

If yes, please specify the nutritional deficiency :

General health

1. Has your child had surgery in the previous 12 months?

☐ Yes ☐ No

2. Are you aware of any medical reason/condition which might prevent your child from participating in an exercise program?

☐ Yes ☐ No

If yes, please explain: _____

3. What are your child's favourite hobbies and interests? _____

Informed consent

I hereby acknowledge that:

- ☐ The information provided above regarding my child's health is, to the best of my knowledge, correct.
- ☐ I will inform you immediately if there are any changes to the information provided above.
- ☐ I give permission for my child to commence your physical activity program.

I participate in the activity at my sole risk and responsibility. I release, indemnify and hold harmless the Goodlife Community Centre operator, its servants and agents, from and against all and any actions made by me, or on my behalf, or by other parties, in respect of or arising out of any injury, loss, damage or death caused to me or my property whether by negligence, breach of contract or in any way whatsoever. I also agree that in the event that I am injured or my property is damaged, I will bring no claim legal or otherwise, against the fitness centre operator in respect of that injury or damage.

I, the undersigned have read and agree to the terms and conditions of the Goodlife code of conduct, which can be viewed upon request at the main reception.

Signatures

Parent/Guardian: _____ Fitness professional: _____

Date: _____ Date: _____

Administration only: Referral to Medical Practitioner

Child/adolescent has no risk factors

> cleared to participate in physical activity program

Child/adolescent has one or more Heart-Lung-Other risks

> refer to Medical Practitioner

Child/adolescent has one or more risks from Muscle-Bone and/or Brain-Muscle systems or Special conditions and General health sections.

> Possibly refer to a Medical Practitioner or appropriate allied health professional**

**Name and title of allied health professional child/adolescent is referred to: _____