

ADULT PRE-EXERCISE SCREENING SYSTEM (APSS)



This screening tool is part of the **Adult Pre-Exercise Screening System (APSS)** that also includes guidelines (see [User Guide](#)) on how to use the information collected and to address the aims of each stage. No warranty of safety should result from its use. The screening system in no way guarantees against injury or death. No responsibility or liability whatsoever can be accepted by Exercise & Sport Science Australia, Fitness Australia, Sports Medicine Australia or Exercise is Medicine for any loss, damage, or injury that may arise from any person acting on any statement or information contained in this system.

Full Name: _____

Date of Birth: _____ Male: _____ Female: _____ Other: _____

STAGE 1 (COMPULSORY)



AIM: To identify individuals with known disease, and/or signs or symptoms of disease, who may be at a higher risk of an adverse event due to exercise. An adverse event refers to an unexpected event that occurs as a consequence of an exercise session, resulting in ill health, physical harm or death to an individual.

This stage may be self-administered and self-evaluated by the client. Please complete the questions below and refer to the figures on page 2. Should you have any questions about the screening form please contact your exercise professional for clarification.

<i>Please tick your response</i>		
	YES	NO
1. Has your medical practitioner ever told you that you have a heart condition or have you ever suffered a stroke?		
2. Do you ever experience unexplained pains or discomfort in your chest at rest or during physical activity/exercise?		
3. Do you ever feel faint, dizzy or lose balance during physical activity/exercise?		
4. Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months?		
5. If you have diabetes (type 1 or 2) have you had trouble controlling your blood sugar (glucose) in the last 3 months?		
6. Do you have any other conditions that may require special consideration for you to exercise?		

IF YOU ANSWERED 'YES' to any of the 6 questions, please seek guidance from an appropriate allied health professional or medical practitioner prior to undertaking exercise.

IF YOU ANSWERED 'NO' to all of the 6 questions, please proceed to question 7 and calculate your typical weighted physical activity/exercise per week.

7. Describe your current physical activity/exercise levels in a typical week by stating the frequency and duration at the different intensities. For intensity guidelines consult figure 2.	Weighted physical activity/exercise per week Total minutes = (minutes of light + moderate) + (2 x minutes of vigorous/high) TOTAL = _____ minutes per week
<ul style="list-style-type: none">• If your total is less than 150 minutes per week then light to moderate intensity exercise is recommended. Increase your volume and intensity slowly.• If your total is more than or equal to 150 minutes per week then continue with your current physical activity/exercise intensity levels.• It is advised that you discuss any progression (volume, intensity, duration, modality) with an exercise professional to optimise your results.	

I believe that to the best of my knowledge, all of the information I have supplied within this screening tool is correct.

Client signature: _____ Date: _____

FIGURE 1: Stage 1 Screening Steps

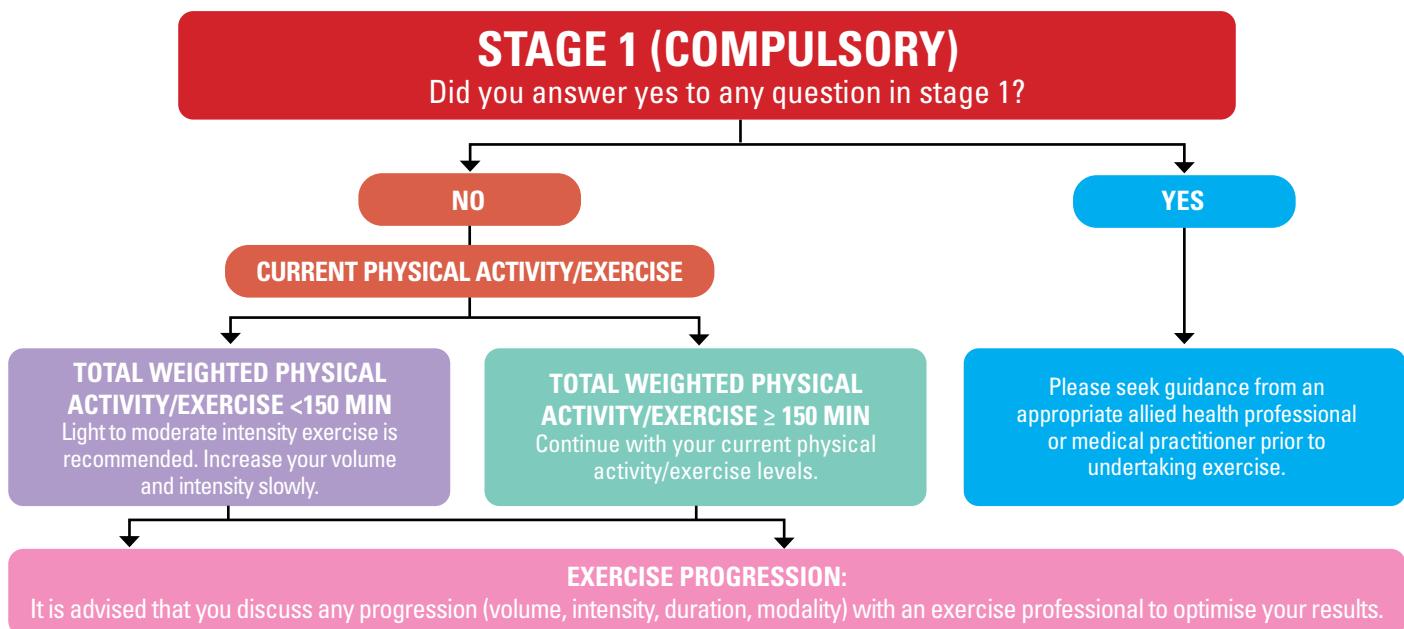
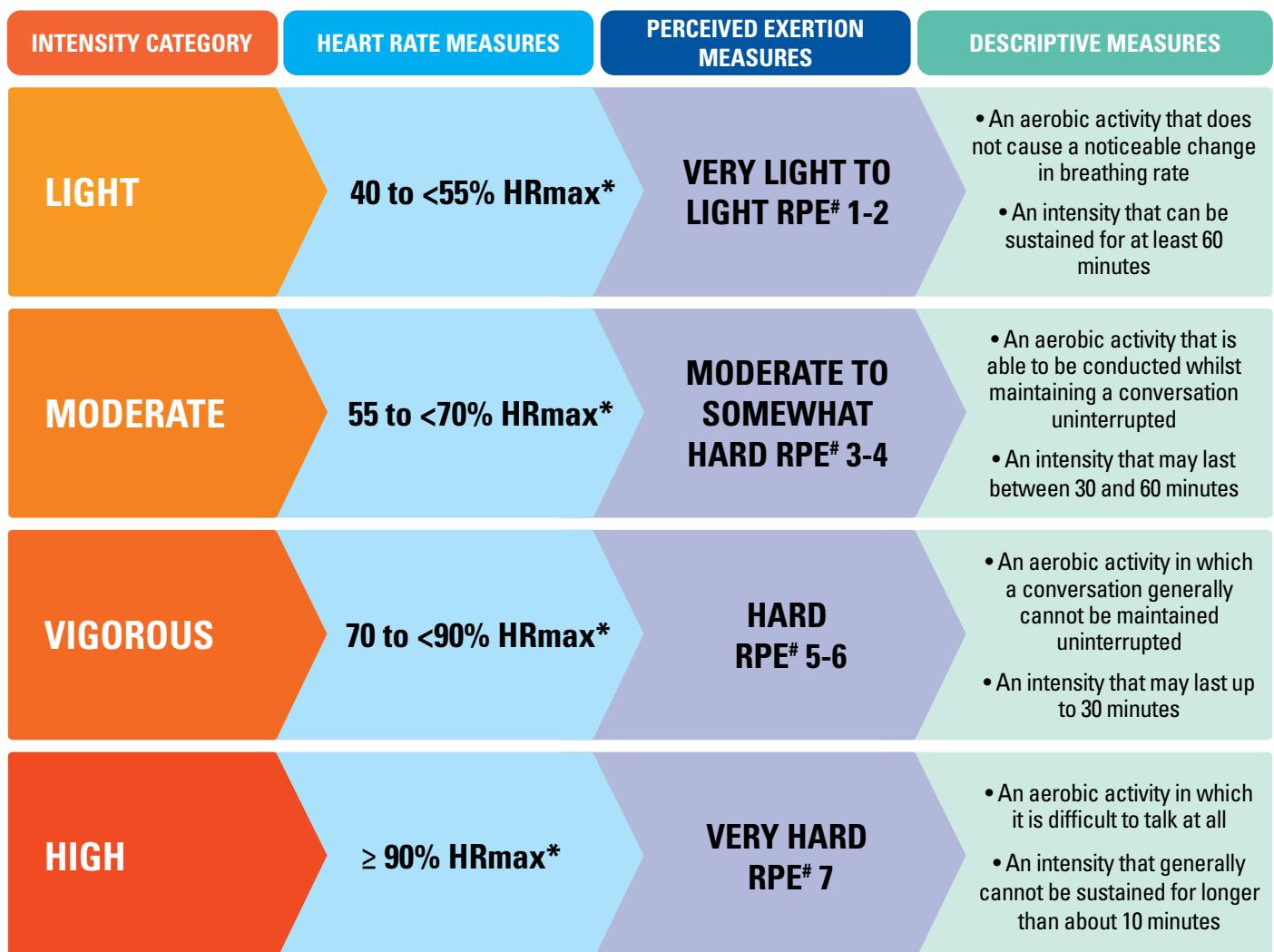


FIGURE 2: Exercise Intensity Guidelines



* HRmax = estimated heart rate maximum. Calculated by subtracting age in years from 220 (e.g. for a 50 year old person = 220 - 50 = 170 beats per minute).

= Borg's Rating of Perceived Exertion (RPE) scale, category scale 0-10.

Modified from Norton K, L. Norton & D. Sadgrove. (2010). Position statement on physical activity and exercise intensity terminology. *J Sci Med Sport* 13, 496-502.

MISOGI BROTHERHOOD PTY LTD (TRADING AS KAIZEN PATH) PARTICIPANT WAIVER AND DISCLAIMER

Participant Acknowledgment and Assumption of Risks

I, the undersigned participant, wish to engage in the activities provided by Misogi Brotherhood Pty Ltd, including but not limited to breathwork, sprinting, wrestling, and cold plunges in ice baths ("Activities"). I recognize that these Activities involve certain risks, including but not limited to physical injury, mental stress, and in extreme cases, death.

I have chosen to participate in these Activities voluntarily and with full knowledge of the potential risks involved. I hereby assume all responsibility for any risks, injuries, or damages, known or unknown, which I might incur as a result of participating in the Activities.

Health Declaration

I declare that I am physically and mentally fit to participate in the Activities. I have no medical condition that would affect my safety or health by participating. I agree to inform Misogi Brotherhood Pty Ltd and its facilitators of any medical or physical conditions or limitations that might affect my ability to participate in the Activities. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Activities.

Waiver and Release of Liability

In consideration of being permitted to participate in the Activities, I agree to release and forever discharge Misogi Brotherhood Pty Ltd, its directors, employees, agents, affiliates, successors, and assigns from any and all claims, demands, rights, and causes of action of whatsoever kind and nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, resulting from my participation in or involvement with these Activities, excluding any gross negligence by Misogi Brotherhood Pty Ltd.

I understand and acknowledge that Misogi Brotherhood Pty Ltd is not providing medical advice before, during, or after the Activities and that any information provided is for general informational purposes only.

Photography/Video Release

I consent to the photographing/video recording of the Activities and authorize Misogi Brotherhood Pty Ltd to use such photographs/videos for promotional and educational purposes without compensation to me.

Acknowledgment

I have carefully read this waiver and disclaimer and fully understand its contents. I am aware that by signing this document, I am waiving certain legal rights, including the right to sue Misogi Brotherhood Pty Ltd, and I sign it of my own free will.

Participant's Name (Print): _____

Participant's Signature: _____

Date: _____

MISOGI BROTHERHOOD PTY LTD (TRADING AS KAIZEN PATH) PRIVACY POLICY

Effective Date: 22nd February 2024

1. Introduction

Misogi Brotherhood Pty Ltd is committed to protecting the privacy and security of our clients' personal and health information. This Privacy Policy outlines how we collect, use, disclose, and safeguard your information when you participate in our activities and fill out our pre-screening form.

2. Information We Collect

We may collect personal identification information (such as name, email address, phone number), health information (including medical history, conditions, and specific health data relevant to participation in our activities), and other personal details necessary for assessing your eligibility and ensuring your safety during our sessions.

3. How We Use Your Information

The information we collect is used to:

- Evaluate your suitability for participation in our activities
- Ensure your safety and wellbeing during sessions
- Communicate with you regarding your participation
- Improve our services and offerings

4. Disclosure of Information

We will not share your personal and health information with third parties unless:

- You have given explicit consent
- It is necessary for providing our services to you

- Required by law or to comply with legal processes
- To protect the rights, property, or safety of Misogi Brotherhood Pty Ltd, our clients, or the public

5. Data Security

We implement a variety of security measures to maintain the safety of your personal information. However, no method of transmission over the Internet or method of electronic storage is 100% secure. While we strive to use commercially acceptable means to protect your personal information, we cannot guarantee its absolute security.

6. Data Retention

We will retain your personal information for as long as necessary to fulfill the purposes outlined in this Privacy Policy, unless a longer retention period is required or permitted by law.

7. Your Rights

You have the right to:

- Access the personal information we hold about you
- Request the correction of inaccurate information
- Request the deletion of your personal information
- Withdraw your consent for processing your data, if applicable
- Lodge a complaint with a supervisory authority

8. Changes to This Privacy Policy

We reserve the right to update or change our Privacy Policy at any time. Any changes will be effective immediately upon posting the updated policy on our website. We

encourage you to periodically review this policy for the latest information on our privacy practices.

9. Contact Us

If you have any questions or concerns about this Privacy Policy or our data practices, please contact us at: info@kaizenpath.com.au

