

# AUSTRALIAN HIGH PERFORMANCE SPORT SYSTEM DXA – MANDATORY ATHLETE SCREENING QUESTIONNAIRE

## Athlete Details

Title:	Name:		
Date of birth:	Sport (category/position):		
Measured stature:	Measured body mass:		
Marker of hydration [USG / BIA]:			

Have you had an X-Ray in the past 12-months? [eg. CT, PET, X-Ray, DXA, etc.]    NO    YES

If yes, please specify... type of investigation and date:

Do you have a current injury or one you are recovering from? [eg. Surgery, scoliosis, fractures, etc.]

Do you have orthopaedic pins, prosthesis, or implants?    NO    YES

Do you have a pacemaker?    NO    YES

Do you have any upcoming procedures you are preparing for? [eg. Colonoscopy, gastroscopy, etc.]    NO    YES

If yes, what is it?

Do you have any body piercings that can't be removed prior to scan?    NO    YES

Do you feel comfortable lying on your back for approximately 10-minutes?    NO    YES

### FEMALES ONLY:

Are you currently or at risk of being pregnant?    NO    YES

Are you currently breastfeeding?    NO    YES