

Health Check Screening Form

For Community Strength & Balance Classes

Please fill out this form before participating in the Community Strength & Balance class. This form is designed to help you and the instructor assess your health status and readiness for physical activity. It is not a substitute for professional medical advice. If you have any health concerns, please consult your doctor before joining any exercise class.

| | | | |
|---------------------------------------|--|---------------------------------------|--|
| Name | | Current Date | |
| Age | | Gender | |
| Email | | Phone | |
| Class | | Emergency Contact Name | |
| Emergency Contact Relationship | | Emergency Contact phone number | |

Health Questions

Please answer the following questions honestly and to the best of your knowledge. If you answer yes to any of the questions, please consider the advice provided.

| Question | Yes | No | If yes, consider |
|---|------------|-----------|-------------------------------|
| Have you ever been diagnosed with a heart condition or high blood pressure? | | | Medical clearance pre joining |
| Do you feel pain in your chest when you do physical activity? Do you have a pacemaker? Do you experience palpitations? | | | Medical clearance pre joining |
| Do you have a bone or joint problem that could be made worse by a change in your physical activity? | | | Inform group leader |
| Do you have any breathing difficulties? Asthma? Bronchitis? Emphysema? | | | Inform group leader |
| Do you have any allergies or medical conditions that may affect your ability to exercise safely? | | | Inform group leader |
| Do you have any neurological conditions? E.g. Stroke, Parkinson's | | | Inform group leader |

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| Are you taking any medications that may affect your heart rate, blood pressure, or exercise tolerance? | | | Inform group leader |
| Do you have any altered senses i.e. difficulty hearing or seeing or poor sensation? | | | Inform group leader |
| Do you know of any reason why you should not increase your physical activity? | | | Medical clearance pre joining |

Stop exercising immediately if you experience symptoms such as:

- Chest pain or other pain that could indicate a heart attack, including pain in the neck and jaw, pain travelling down the arm or pain between the shoulder blades.
- Extreme breathlessness
- A very rapid or irregular heartbeat during exercise
- Discomfort or pain

By signing this form, I acknowledge that I have read and understood the questions and the information provided. I declare that the answers I have given are true and accurate. I understand that participating in any exercise class involves some risk of injury and that I am voluntarily assuming that risk. I agree to follow the instructions and safety guidelines of the instructor and the venue.

| | |
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| Signature | |
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