

## To Be Completed by Participants



Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### **PHYSICAL ACTIVITY READINESS QUESTIONNAIRE**

Regular physical activity is fun, healthy and safe for most. Please answer the following questions carefully and honestly.

Questions	Please Circle	
<b>1.</b> Has your doctor ever said that you have a health condition and recommended ONLY MEDICALLY APPROVED physical activity?	Yes	No
<b>2.</b> Do you have chest pain brought on by physical activity?	Yes	No
<b>3.</b> Have you developed chest pain at rest in the past month?	Yes	No
<b>4.</b> Do you lose balance because of dizziness or do you ever lose consciousness?	Yes	No
<b>5.</b> Do you have a bone or joint problem that could be made worse BY A CHANGE in your physical activity?	Yes	No
<b>6.</b> Is your doctor currently prescribing medication for your blood pressure or heart condition? (for example, water pills, beta blocker, nitrates)	Yes	No
<b>7.</b> Are you aware, through your own experience or a doctor's advice, of any other reason why you should NOT exercise without your doctor's permission?	Yes	No
<b>8.</b> Do you have osteoporosis?	Yes	No

If you answered **"Yes"** to any of the above questions OR you are **70 or older**, it is necessary for you to talk to your doctor before increasing your physical activity level. Please bring this completed form to your next doctor's appointment. Failure to do so may increase your health/injury risk.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(day/month/year)

In case of emergency, please contact:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Turn Over Please →**

## PARTICIPANT CONSENT

I, (please print your name: ) \_\_\_\_\_, authorize my physician to release medical information related to my participation in the Fit, Fun & Fully Alive! Fitness Class to staff of the Whitewater Bromley Community Health Centre and/or trained, volunteer instructors.

I have read, understood and completed this questionnaire.  
Any questions I had were answered to my full satisfaction.

## For Your Doctor to Complete

### Doctor:

Your patient, \_\_\_\_\_ would like to participate in a fitness program described below. **People who are 1) 70 or older, OR 2) answered, "Yes" to any questions on the front of this form, MUST have this form completed by their physician before starting this program.**

The classes are run by trained Senior Fitness Instructors through the Canadian Centre for Activity and Aging. Class components in the 45 minute or 1 hour program include a warm-up, cardiovascular, strength and balance training, as well as cool-down and stretching. Participants are screened for high and low mobility and are instructed on self-monitoring of exertion. Functional mobility is the goal of this research-based program.

Is your patient medically suitable to take this program?  Yes       No

If "yes," please complete the following:

Medical concerns:

Recommendations or restriction for the program:

If Osteoporosis patient: location and severity: \_\_\_\_\_

I, (please print) \_\_\_\_\_ have examined \_\_\_\_\_ and feel that he/she is able to take part in the "Fit, Fun & Fully Alive!" fitness classes.

Physicians Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
(please print)

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete this form and return it to your patient.**

**Whitewater Bromley Community Health Centre Satellite, 20 Robertson Dr.  
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