



Health and Fitness Questionnaire

Name: _____

Address: _____

Home Telephone: _____ Cellular Telephone: _____

Age: _____ Height: _____ Weight: _____ DOB: _____ Gender: _____

Emergency contact: _____

Relationship: _____

Home Telephone: _____ Cellular Telephone: _____

Please check the following items if YES then we will need you to get a medical form completed by your doctor.

Medical Questions

Do you currently or have you ever suffered from any of the following conditions?

- 1) Heart problems? Yes No
- 2) Circulatory problems? Yes No
- 3) Blood pressure problems? Yes No
- 4) Joint, movement problems? Yes No
- 5) Feel dizzy or imbalance during exercise? Yes No
- 6) Diabetes? Yes No
- 7) Have you recently had surgery? Yes No
- 8) Have you been hospitalized in the last year? Yes No
- 9) Asthma or breathing problems? Yes No

Are there any other medical concerns that you feel the instructor or trainer should be made aware of in connection with the Seniorcise fitness program? If yes, please explain:

Client Signature: _____ Date: _____

FOIP NOTIFICATION

Protection of Privacy - Personal information provided is collected in accordance with Section 33(c) of the Alberta *Freedom of Information and Protection of Privacy Act* (the FOIP Act) and will be protected under Part 2 of that Act. It will be used for the purpose of Town of Strathmore Program. Should you require further information about collection, use and disclosure of personal information, please contact: Legislative Services department for the Town of Strathmore 403-934-3133.