



Courtenay Recreation

Health & Fitness Screening

CITY OF
COURTENAY
Recreation

Name: _____ Text #: _____ Age: _____

How do you best wish to communicate?: _____

Phone #: _____ Email: _____

Regular exercise is associated with many health benefits, yet any change of activity may increase the risk of injury. Completion of this questionnaire is a first step when planning to increase the amount of physical activity in your life. Please read each question carefully and answer every question honestly.

This form MUST be returned BEFORE you participate in any Personal Training Program. Details on this form are strictly confidential and used by this centre solely for the purpose of health screening & program prescription and will be returned to you or destroyed after your sessions are completed.

Please Be Assured That These Steps Are Necessary In Order To Serve You Best

Category 1

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Has a doctor ever said you have a heart condition and recommended only medically supervised physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. When you do physical activity, do you feel pain in your chest? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. When you were not doing physical activity, have you had chest pain in the past month? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you ever lose consciousness or do you lose your balance because of dizziness? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you have a joint or bone problem that may be made worse by a change in your physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Is a physician currently prescribing medications for your blood pressure or heart condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Are you pregnant? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Do you have insulin dependent diabetes? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Are you MORE than 35 lbs. overweight? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Do you know of any other reason you should not exercise or increase your physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Have you recently sustained any type of muscle or bone injury? If yes, what was the injury? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Are you currently seeing a Physiotherapist or Chiropractor? If yes, for what? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Are you aware of any other conditions not mentioned that may affect your training? If yes, please provide details _____ |

Have you ever been, or are you currently affected by any of the following conditions?

Category 2			Category 3		Category 4			
			(within last 12 months)		(within last 12 months)			
	Yes	No		Yes No		Yes	No	
Hypertension	Y	N	Pregnancy	Y	N	Neck or back pain	Y	N
Respiratory Disorders	Y	N	Prescription Medications	Y	N			
Heart Trouble	Y	N	Migraines	Y	N	Joint injury	Y	N
Stroke	Y	N	High Cholesterol	Y	N			
Blood Disorders	Y	N	Surgery	Y	N	Musculoskeletal injury	Y	N
Epilepsy or Seizures	Y	N	Asthma	Y	N			
Diabetes	Y	N	Hernia	Y	N			

What kind of exercise program are you currently involved in? _____

How often _____ On a regular basis? Yes No

Rank your exercise goals in order of importance from 1st to 3rd

Balance _____	Fat Loss _____
Muscle Building _____	Injury Rehabilitation _____
Muscle Toning _____	Stress Relief _____
Strength Development _____	Flexibility _____
Sports Specific Training _____	Power Training _____
Cardiovascular Fitness _____	
Other - please specify _____	

What types of activities are you currently participating in (**P**=participating)?
 What activities are you interested in (**I**=interested)?

Biking _____	Suspension Trainers _____	Pilates _____
Weights _____	Running / Jogging _____	Swimming _____
Yoga _____	Aerobics/Fitness Classes _____	Circuit Training _____
Walking _____	Swiss/Bosu Ball _____	
Other, please specify _____		