

Physical activity improves your physical and mental health. Even small amounts of physical activity are good, and more is better.

For almost everyone, the benefits of physical activity far outweigh any risks. For some individuals, specific advice from a Qualified Exercise Professional (QEP – has post-secondary education in exercise sciences and an advanced certification in the area – see [csep.ca/certifications](http://csep.ca/certifications)) or health care provider is advisable. This questionnaire is intended for all ages – to help move you along the path to becoming more physically active.

- I am completing this questionnaire for myself.
- I am completing this questionnaire for my child/dependent as parent/guardian.

## PREPARE TO BECOME MORE ACTIVE

The following questions will help to ensure that you have a safe physical activity experience. Please answer **YES** or **NO** to each question before you become more physically active. If you are unsure about any question, answer **YES**.

1 Have you experienced **ANY** of the following (A to F) within the past six months?

**A** A diagnosis of/treatment for heart disease or stroke, or pain/discomfort/pressure in your chest during activities of daily living or during physical activity?

**B** A diagnosis of/treatment for high blood pressure (BP), or a resting BP of 160/90 mmHg or higher?

**C** Dizziness or lightheadedness during physical activity?

**D** Shortness of breath at rest?

**E** Loss of consciousness/fainting for any reason?

**F** Concussion?

2 Do you currently have pain or swelling in any part of your body (such as from an injury, acute flare-up of arthritis, or back pain) that affects your ability to be physically active?

3 Has a health care provider told you that you should avoid or modify certain types of physical activity?

4 Do you have any other medical or physical condition (such as diabetes, cancer, osteoporosis, asthma, spinal cord injury) that may affect your ability to be physically active?

..... ➤ **NO** to all questions: go to Page 2 – ASSESS YOUR CURRENT PHYSICAL ACTIVITY .....

**YES** to any question: go to Reference Document – ADVICE ON WHAT TO DO IF YOU HAVE A YES RESPONSE .....



## ASSESS YOUR CURRENT PHYSICAL ACTIVITY

Answer the following questions to assess how active you are now.

- 1 During a typical week, on how many days do you do moderate- to vigorous-intensity aerobic physical activity (such as brisk walking, cycling or jogging)?  DAYS/  
WEEK
  - 2 On days that you do at least moderate-intensity aerobic physical activity (e.g., brisk walking), for how many minutes do you do this activity?  MINUTES/  
DAY
- For adults, please multiply your average number of days/week by the average number of minutes/day:  MINUTES/  
WEEK

Canadian Physical Activity Guidelines recommend that adults accumulate at least 150 minutes of moderate- to vigorous-intensity physical activity per week. For children and youth, at least 60 minutes daily is recommended. Strengthening muscles and bones at least two times per week for adults, and three times per week for children and youth, is also recommended (see [csep.ca/guidelines](http://csep.ca/guidelines)).



## GENERAL ADVICE FOR BECOMING MORE ACTIVE

Increase your physical activity gradually so that you have a positive experience. Build physical activities that you enjoy into your day (e.g., take a walk with a friend, ride your bike to school or work) and reduce your sedentary behaviour (e.g., prolonged sitting).

If you want to do **vigorous-intensity physical activity** (i.e., physical activity at an intensity that makes it hard to carry on a conversation), and you do not meet minimum physical activity recommendations noted above, consult a Qualified Exercise Professional (QEP) beforehand. This can help ensure that your physical activity is safe and suitable for your circumstances.

Physical activity is also an important part of a healthy pregnancy.

Delay becoming more active if you are not feeling well because of a temporary illness.



## DECLARATION

To the best of my knowledge, all of the information I have supplied on this questionnaire is correct.  
If my health changes, I will complete this questionnaire again.

I answered **NO** to all questions on Page 1

I answered **YES** to any question on Page 1

Sign and date the Declaration below

Check the box below that applies to you:

- I have consulted a health care provider or Qualified Exercise Professional (QEP) who has recommended that I become more physically active.
- I am comfortable with becoming more physically active on my own without consulting a health care provider or QEP.

Name (+ Name of Parent/Guardian if applicable) [Please print]

Signature (or Signature of Parent/Guardian if applicable)

Date of Birth

Date

Email (optional)

Telephone (optional)

With planning and support you can enjoy the benefits of becoming more physically active. A QEP can help.

- Check this box if you would like to consult a QEP about becoming more physically active.  
(This completed questionnaire will help the QEP get to know you and understand your needs.)

### Health Screening Form

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Date: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Tel: \_\_\_\_\_

1. Are you currently exercising or physically active?     No     Yes  
2. Describe your current exercise program / physical activity

\_\_\_\_\_

3. Have you been diagnosed with osteoporosis?     No     Yes  
4. Have you had a fracture?     No     Yes  
5. Have you had a fall in the last 12 months     No     Yes  
6. Has a doctor ever told you not to exercise?     No     Yes

7. Please check those conditions you have now, or have had in the past.

- Heart problems including chest pain with activity (angina)
- Stroke
- High blood pressure
- Other chronic illness (please outline below)
- Recent surgery
- Bronchitis, asthma or emphysema
- Significant joint problems
- Significant back pain that persisted
- Previous injury that is still affecting you
- Diabetes
- Smoking
- High cholesterol
- Heart problems in the immediate family
- Vision impairment
- Hearing impairment

Please put any additional comments here: \_\_\_\_\_



## Medical Clearance Form

Dear Doctor \_\_\_\_\_,

Your patient \_\_\_\_\_ wishes to participate in BC Women's Hospital & Health Centre's Osteofit- *Get Up and Go!* exercise program, a joint venture with Fraser Health Authority's Fall Prevention Initiative. This program will include interactive discussions on topics pertaining to lifestyle management of osteoporosis, agility activities, balance exercises, strengthening exercises, and stretches, all designed for those at risk for falls and to be safe for those with osteoporosis.

After completing a readiness questionnaire and discussing their medical condition(s) we agreed to seek your advice in setting limitations to their program. By completing this form, you are not assuming any responsibility for our exercise and assessment program. Please identify any recommendations or restrictions for your patient's fitness program below (Physician's Recommendations).

### Patient's Consent and Authorization

I consent to and authorize Dr. \_\_\_\_\_ to release to (Facility) \_\_\_\_\_, health information concerning my ability to participate in an exercise program.

Member's signature \_\_\_\_\_ Date \_\_\_\_\_

Trainer's signature \_\_\_\_\_

### Physician's Recommendations

I am not aware of any contraindications toward participation in the *Get Up and Go!* program.

I believe the applicant can participate, but urge caution because: \_\_\_\_\_

The applicant should not engage in the following activities: \_\_\_\_\_

I recommend the applicant not participate in the above exercise program.

Physician's signature \_\_\_\_\_ Date \_\_\_\_\_

Physician's name (print) \_\_\_\_\_ Phone/Fax \_\_\_\_\_

## **Informed Consent / Assumption of Liability Form**

You are invited to participate in testing to evaluate your physical fitness and to engage in mild to vigorous exercise activities. The results of these tests will be used to develop an exercise program for you. You will be asked to perform a series of assessments designed to evaluate your upper – and lower – body strength, aerobic endurance, flexibility, agility and balance. These assessments involve activities such as walking, standing, lifting, stepping and stretching. The risk of engaging in these activities is similar to the risk of engaging in all moderate exercise. The most common risks include muscular fatigue and soreness, sprains and soft tissue injury, skeletal injury, dizziness and fainting. However, there is also the risk of cardiac arrest, stroke and even death.

If any of the following apply, you should not participate in testing or any exercise program without written permission of your physician:

1. Your doctor has advised you not to exercise because of your medical condition(s)
2. You have experienced congestive heart failure.
3. You are currently experiencing joint pain, chest pain, dizziness, or have exertional angina (chest tightness, pressure, pain, heaviness (during exercise)
4. You have uncontrolled high blood pressure (160/100 or above)

During the assessments you will be asked to perform within your physical “comfort zone” and never to push to a point of overexertion or beyond what you feel is safe. You will be instructed to notify the person monitoring your assessment if you feel any discomfort whatsoever or experience any unusual physical symptoms such as unusual shortness of breath, dizziness, tightness or pain in the chest, irregular heartbeats, numbness, loss of balance, nausea, or blurred vision. If you are accidentally injured during testing or during the exercise program, the test administrator or the personal trainer will be unable to provide treatment for you other than basic first aid. You will be required to seek treatment from your own physician, which must be paid for by you or your insurance company.

You may discontinue participation in testing or the subsequent exercise program whenever you wish to do so. By signing this form, you acknowledge the following:

1. I have read the full content of this document.
2. I have been informed of the purpose of the testing and of the physical risks that I may encounter.
3. I understand those risks involve, may include muscular fatigue and soreness, sprains, and soft tissue injury, skeletal injury, dizziness, and fainting.
4. I further understand that risks involved could include cardiac arrest, stroke, and even death.
5. I agree to monitor my own physical condition during testing and agree to stop my participation and inform the person administering the assessment if I feel at all uncomfortable or experience any unusual symptoms.
6. Should I suffer an injury or become ill during testing, I understand that I must seek treatment from my own physician and that I or my insurance company will have to pay for this treatment.
7. I assume full responsibility for all risk of bodily injury and death as a result of participation in testing and the following of the aforementioned exercise program.

My signature below indicates that I have had an opportunity to ask and have answered any questions I may have, and that I freely consent to participate in the physical assessment.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_