



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: _____

ATIA NOTIFICATION

Protection of Privacy - The information on this form is being collected in accordance with the Municipal Government Act and will be managed in compliance with the Access to Information Act (ATIA) and the Protection of Privacy Act (POPA). If you have any questions about the collection of your information, please contact the Town of Strathmore's ATI Coordinator at 403-934-3133 or by emailing ATIA@Strathmore.ca.