



PHYSICAL ACTIVITY FORM

For most people physical activity is safe, fun, and positive, improving health and enhancing quality of life. However, sometimes injuries can occur. To minimise the risk of injury and ensure appropriate precautions are taken it is essential that you read and complete this form carefully and return it to a staff member.

- * I understand that the HCC & HNCH Exercise Leader cannot give me Medical advice.
- * I will tell the Exercise Leader immediately if I feel any symptoms OR if my health status should change from that below.
- * I agree to follow the directions of my Exercise Class Leader and will exercise at my own pace at all times.
- * I understand that I take part in Exercise Classes at HCC at my own risk.

When you have read and understood the above statements, please sign and date here:

SIGNATURE: DATE:

NAME	PHONE
EMERGENCY CONTACT	PHONE
DOCTOR'S NAME	PHONE

MEDICAL HISTORY: Please circle if you have ever had, or are on medication for:

Cardiovascular		Skeletal
Heart Attack	Stroke	Arthritis (list joints affected)
High / Low Blood Pressure	Chest pain	
Other		Asthma or Respiratory Illness
Epilepsy		Diabetes (Type 1 or 2)
Multiple Sclerosis		Dizziness / Fainting / Balance problems

MEDICATION: Please list all medications that you currently use, including pain killers, and the medical condition for which they are used.

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	for

ARE THERE ANY OTHER CONDITIONS YOUR TRAINER SHOULD BE AWARE OF:

Trainer Name: _____ Trainer Signature: _____ Date: _____