

Health Screening Form

Name: _____ Age: _____

Address: _____ Postal Code: _____

Phone: _____ Date: _____

1. Are you currently exercising or physically active? Yes No

2. Describe your current exercise program/physical activity:

3. Have you been diagnosed with osteoporosis? Yes No

4. Have you had a low-trauma fracture? Yes No

If Yes, which bone was broken? (e.g. hip, wrist, ribs, spine, etc.) _____

5. Have you had a fall in the last 12 months? Yes No

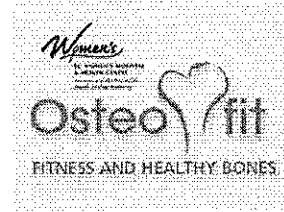
If Yes, was it indoors? Yes No

6. Has a doctor ever told you not to exercise? Yes No

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
- 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
- Other chronic illness: _____

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 exercise program as offered by the City of Nanaimo Parks, Recreation & Culture department. This program will include interactive discussions on topics pertaining to lifestyle management of osteoporosis, agility activities, balance exercises, strengthening exercises, and stretches, all designed 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 Consent and Authorization

I consent to and authorize Dr. _____ to release to City of Nanaimo Parks, Recreation & Culture Department, 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 Osteofit 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: _____