CONFIDENTIAL PRE-ACTIVITY QUESTIONNAIRE

This form must be completed at the beginning of the first term and /or if you are joining a SHARE exercise class for the first time. This form is for Instructors use to help you with your health outcome.

PERSONAL DETAILS

Surname Name	
First Name	
Address	
Mobile Number	
Email	
Date of Birth	
Gender	
Emergency Next of Kin Name Phone & Relationship	

SECTION A

Do you have or had any of the below, please Circle the correct response				Please Provide Further Details if Needed
Arthritis	Yes / No	Gout	Yes /No	
Anxiety	Yes / No	Hernia	Yes /No	
Asthma	Yes / No	High Cholesterol/Triglycerides	Yes /No	
Back Pain	Yes / No	High Blood Pressure	Yes /No	
Breathing Issues	Yes / No	Low Blood Pressure	Yes /No	
Cancer (any form)	Yes / No	Liver/Kidney Condition	Yes /No	
Diabetes	Yes / No	Lupus or SLE	Yes /No	
Depression	Yes / No	Mental Health Issues	Yes /No	
Epilepsy	Yes / No	Osteoporosis	Yes /No	
Do you Smoke	Yes / No	Stomach/Duodenal Ulcer	Yes /No	
COVID	Yes / No	Muscular pains or cramps	Yes /No	

SECTION B

Please Indicate Below		Please Provide More Details
Any family history of heart disease, stroke, or high cholesterol	Yes / No	
Are you on any prescribed medication Please explain what conditions the medication is taken for	Yes / No	
Have you had any major surgery	Yes / No	
Do you have or had infections or infectious diseases	Yes / No	
Are there any other illnesses that may limit your activity program	Yes / No	
What are you trying to achieve from this program i.e. loss or gain weight, feel better, healthier lifestyle, health concerns, meet new people, management of diabetes, arthritis, fun, connection	Yes / No	
Have you exercised before, how often and how recently	Yes / No	
Have you had any major injuries	Yes / No	
Does your GP need to agree to this program	Yes / No	
How did you hear about SHARE i.e. G.P, Hospital, Physio		
On a scale of 1-10 (with 10 being very serious) how serious are you about achieving your goals		

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SECTION C

Participants MUST at all times observe and adhere to SHARE policies, procedures and regulations. Centres at which classes are held have strict guidelines please adhere to these including Notice Board information in relation to SHARE classes. Failure to do this is at your own risk. SHARE reserves the right to refuse participants from attending SHARE classes.

The participant acknowledges these physical activities may be strenuous and may involve inherent risk of physical injury. The participant agrees to assume all risk and responsibility involved with participation in these physical activities.

SECTION D

DECLARATION: I, the undersigned, acknowledge that the above assessment includes participation in physical activities, including but not limited to, various exercises I have enrolled in. I certify that the information I have given on this form is complete and accurate.

In my opinion, there is no medical reason why I should not take part in the SHARE Exercise program. I understand that all safety precautions will be observed and I accept that there is a small risk associated with undertaking any exercise program. I understand the requirements and will notify the Instructor of any changes to my health by completing a new questionnaire.

I acknowledge Enrolment Policy, I hereby confirm that the information supplied on the Enrolment form is correct. I have read and agree to the conditions stipulated on the Enrolment form and accept that it is a condition of my enrolment.

Participant Signature	
Witness Name	
Witness Signature	
Witness Relationship	
Date	

IMPORTANT NOTE: If you have answered YES in Section A, please obtain a Health Professional's consent to participate in physical activities of the class. You cannot attend a class without this approval.

SECTION E

HEALTH PROFESSIONALS APPROVAL

Health Professional Title i.e. General Practitioner	
Name	
Address	
Phone	
Signed	
Date	

Please send the completed form to SHARE Head Office Suite 2, Level 3, 36-42 Princess Street, Brighton Le sands 2216, Email info@share.org.au We look forward to seeing you at one of our many exercise classes. Thank you for joining one of SHARE classes, we hope you achieve your desired outcome and enjoy our programs. **At SHARE we CARE**