CONFIDENTIAL PRE-ACTIVITY QUESTIONNAIRE

THIS FORM MUST BE COMPLETD AT THE BEGINNING OF THE FIRST TERM
AND/OR IF YOU ARE JOINING FOR THE FIRST TIME for Instructors Information Only

Name: _____Age:_____ Date of Birth: ___/___/___ Sex: M/F

Address: _____ Postcode: _____

Phone: (H) _____ (Mob) _____Email: _____

Emergency Contact Name: _____Best Contact Number: _____

SECTION A

HAVE YOU EVER HAD OR DO YOU HAVE? **Circle the correct response**

High Blood Pressure	Yes / No	Stomach/Duodenal Ulcer	Yes /No
Low Blood Pressure	Yes / No	Liver/Kidney condition	Yes /No
High Cholesterol/Triglycerides	Yes / No	Diabetes	Yes /No
Pain/tightness in the chest	Yes / No	Epilepsy	Yes /No
Rheumatic Fever	Yes / No	Hernia	Yes /No
Any Heart/Stroke condition	Yes / No	Back Pain	Yes /No
Osteoporosis	Yes / No	Breathing difficulties or Asthma	Yes /No
Gout	Yes / No	Arthritis	Yes /No

SECTION B

A family history of heart disease, stroke or raised cholesterol of relatives under age 65?	Yes / No
Do you smoke cigarettes / pipe / cigar?	Yes / No
Do you have muscular pain / cramps?	Yes / No
Have you had any major injuries? Please describe	Yes / No
Have you exercised before? How often? How recently?	Yes / No
Are you on any prescribed medication? Please explain what conditions this medication is taken for?	Yes / No
Have you had any major surgery? If yes, how long ago and describe? Does your GP need to agree to this program? **If Yes** Please obtain approval	Yes / No
Do you have or have you had recently any infections or infectious diseases? Please describe	Yes / No
Are there any other conditions or illnesses, which may limit your activity program? Please describe	Yes / No
Participants Engaging in Water Exercise (AQUA) must answer this question. Do you suffer from INCONTINENCE?	Yes / No
What are you trying to achieve from this program? i.e. lose weight, gain weight, feel better, live healthier lifestyle, health concerns (i.e. management of diabetes, arthritis) help with health outcome. **Please indicate:**	
On a scale of 1-10 (with 10 being very serious) how serious are you about achieving your goals? 1 2 3 4 5 6 7 8 9 10	
Is there anything else your Instructor should be aware of?	
Please Answer: How did you hear about SHARE? i.e. G.P, Hospital, Friend, Family , through Web search	

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 their Notice Boards with important 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.

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, the undersigned, 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 have completed this form and I understand it. I will notify my Instructor of any changes to my health by completing a new questionnaire.

Witness Name: _____ Relationship: _____

Signed Witness: _____ Date: _____

Signed Participant: _____ Date: _____

If you have answered yes in Section A, a Health Professional who consents to you participating in physical activities as per the class description must give their approval below. You cannot attend a class without this approval.

HEALTH PROFESSIONALS APPROVAL

Health Professional Job Title e.g. General practitioner: _____

Name: _____ Phone: _____

Address: _____ Postcode: _____

Signed: _____ Date: _____

Thank you for joining one of SHARE classes, we hope you achieve your desired outcome and enjoy our programs.

Please Return Completed Forms

M: P O Box Kogarah 281 NSW 1485 | Office: Suite 2A, 124 Forest Rd Hurstville 2220
P: 8580 0628| E: info@share.org.au | W: Share.org.au