

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	Name: _____ Relationship: _____
Phone & Relationship	Phone: _____

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			
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 **Head Office**
Suite 1A, 124 Forest Rd Hurstville 2220 | P O Box 1485 Kogarah 1485 | 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. Since 1985 SHARE has been running exercise classes in small group settings that are fun and focused on individuals health. **At SHARE we CARE**