

Town of Community Fitness Centres Health History Questionnaire

The information requested is to be used only by the Corporation of the Town of Markham and is privileged, confidential and exempt from disclosure in accordance with the provisions of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c.M56, as amended.

Name _____ Age _____ Date of Birth _____ Sex M
/ F

Address _____ Apt _____

Town _____ Postal Code _____ Home Ph. #

Employer _____ Occupation _____

Work Ph. # _____ Ext. _____

Have you ever been a member of a Town of Markham Fitness Centre? **Y / N**

If Yes, when _____

Date of last complete medical: _____ Dr.

Ph.# _____

Has your doctor ,at any time, restricted you from strenuous activity or exercise? **Y / N**

If yes specify: _____

Approx. Weight : _____ Approx. Height : _____

How would you describe your present fitness level: **Excellent / Good / Fair / Poor**

Please list your **past** athletic/recreational activities:

Present activities:

How physically demanding is your job? **Light / Moderate / Heavy**

How stressful would you say your job is? **Not at all / Somewhat / Very**

Are you presently on a restricted diet ? **Y / N** Specify:



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Please list **any** medication(s) you are taking and their purpose:

Have you ever been on medication for : **Heart / Cardiovascular / Blood Pressure**

List any injuries/ illnesses you may have experienced or limitations you may have due to specific health problems:

Ex.(arthritis, asthma, osteoporosis, thyroid problems, major surgeries, diabetes, tendonitis, back pain, etc.)

Briefly describe treatment for above conditions :

For Women Only

Are you pregnant? **Y / N** If yes, at which stage _____ Approx. Due Date

Has your doctor ever told you to restrict your activities during pregnancy ? **Y / N**

General Program Information

List 2 main goals for your fitness program: 1. _____ 2. _____

How much time can you make available for your exercise? _____ minutes - _____



Times/ week

Screened by _____



PAR-Q & YOU

(A Questionnaire for People Aged 15 to 69)



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Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the Par-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: *circle YES or NO.*

YES	NO	1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?
YES	NO	2. Do you feel pain in your chest when you do physical activity?
YES	NO	3. In the past month, have you had chest pain when you were not doing physical activity?
YES	NO	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
YES	NO	5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
YES	NO	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
YES	NO	7. Do you know of any other reason why you should not do physical activity?

If you answered :

YES to one or more questions

Talk to your doctor by phone or in person BEFORE you start becoming much more physically active or before you have a fitness appraisal. Tell your doctor about the Par-Q and which questions you answered YES.

* You may be able to do any activity you want -as long as you start slowly and build up gradually. Or you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.

NO to all questions

If you answered no honestly to all PAR-Q questions, you can be reasonably sure that you can:

* start becoming much more physically active - begin slowly and build up gradually. This is the safest and easiest way to go.

* take part in a fitness appraisal- this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

* **Delay becoming more active if** :you are not feeling well because of a temporary illness such as a cold or fever - wait until you feel better or if you are or may become pregnant- talk to your doctor before you begin.

Please Note: If your health changes so that you then answer **YES** to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Informed use of the Par-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

Name _____

Date _____

Signature _____

Witness _____



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Signature of Parent Or Guardian _____
(for participants under the age of majority)

**TOWN OF MARKHAM COMMUNITY FITNESS CENTRES
PHYSICIAN'S CONSENT**

Patient's Name: _____ Date: _____

I examined the above patient on : _____ , and know of no reason to limit the use of the Fitness Centre Facilities which include Squash Courts, Swimming Pool, Exercise Gyms, Jogging Track, Sauna and Whirlpool, and where exercise programs are graduated and supervised.

- Without Restriction
 With the following Restrictions:

 Only after I have been contacted by the Fitness Coordinator

Physician's Signature: _____
Address: _____
Telephone: _____



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