

<b>Name:</b>	<b>Date of Birth:</b>
<b>Phone #:</b>	<b>Email:</b>
<b>Address:</b>	
<b>Emergency Contact:</b>	<b>Phone #:</b>



## Get Active Questionnaire

CANADIAN SOCIETY FOR EXERCISE PHYSIOLOGY

Physical activity improves your physical and mental health. Even small amounts of physical activity are good and more is better.

For almost everyone, the benefits of physical activity far outweigh any risks. For some individuals, specific advice from a Qualified Exercise Professional (QEP – has post-secondary education in exercise sciences and an advanced certification in the area – see [csep.ca/certifications](http://csep.ca/certifications)) or health care provider is advisable. This questionnaire is intended for all ages – to help move you along the path to becoming more physically active.

I am completing this questionnaire for myself

I am completing this questionnaire for my child/dependent as parent/guardian

The following questions will help to ensure that you have a safe physical activity experience. Please answer **YES** or **NO** to each question before you become more physically active. If you are unsure about any question, answer **YES**.

YES	NO	
		<b>1.</b> Have you experienced any of the following (A to F) within the past six months
<input type="radio"/>	<input type="radio"/>	<b>a.</b> A diagnosis of/treatment for heart disease or stroke, or pain/discomfort/pressure in your chest during activities of daily living or during physical activity?
<input type="radio"/>	<input type="radio"/>	<b>b.</b> A diagnosis of/treatment for high blood pressure (BP), or a resting BP of 160/90 mmHg or higher?
<input type="radio"/>	<input type="radio"/>	<b>c.</b> Dizziness or lightheadedness during physical activity?
<input type="radio"/>	<input type="radio"/>	<b>d.</b> Shortness of breath at rest?
<input type="radio"/>	<input type="radio"/>	<b>e.</b> Loss of consciousness/fainting for any reason?
<input type="radio"/>	<input type="radio"/>	<b>f.</b> Concussion?
<input type="radio"/>	<input type="radio"/>	<b>2.</b> Do you currently have pain or swelling in any part of your body (such as from an injury, acute flare-up of arthritis, or back pain) that affects your ability to be physically active?
<input type="radio"/>	<input type="radio"/>	<b>3.</b> Has a health care provider told you that you should avoid or modify certain types of physical activity?
<input type="radio"/>	<input type="radio"/>	<b>4.</b> Do you have any other medical or physical condition (such as diabetes, cancer, osteoporosis, asthma, spinal cord injury) that may affect your ability to be physically active?

**Declaration:** To the best of my knowledge, all of the information I have supplied on this questionnaire is correct. If my health changes, I will complete this questionnaire again.

I answered <b>NO</b> to all questions:	I answered <b>YES</b> to 1 or more questions:
Sign and date the declaration below	Fitness Staff will assist you to complete a supplementary questionnaire to determine if further information is required from a medical practitioner before increasing physical activity.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of Parent or Guardian (if under 18)

\_\_\_\_\_  
Date

**Part II – Further Health Screening & Waiver**

List any medications you are presently taking and their purpose (use separate page if needed)

Medication	Purpose

Release: I/we and any minor children for whom I/we are responsible at law hereby forever release and discharge The Corporation of the Town of Whitchurch-Stouffville, its employees, contractors, licensees, elected officials, volunteers, and any other persons for whom the Town may be responsible in law, from any and all claims, damages, suits and/or actions whatsoever and howsoever arising, including but not limited to, all claims for damages arising from any accidents, death, personal injury, loss of property, or any transmission and/or contraction of communicable diseases, including but not limited to Covid-19, which may directly or indirectly result from any person’s participation in the Town of Whitchurch-Stouffville programs

\_\_\_\_\_

Signature
Signature of Parent or Guardian (if under 18)
Date

*Personal information is collected pursuant to Municipal Freedom of Information and Protection of Privacy Act*

**Admin Use**

Fitness		Group Fitness		Fitness / Group Combined		WS FIT TOGETHER	
	Monthly Auto-Renew		Monthly Auto-Renew		Monthly Auto-Renew		Monthly Auto-Renew
	12 Month		12 Month		12 Month		12 Month
	Monthly Fixed		Monthly Fixed		Monthly Fixed		Adult (18-59)
	10 Visits		10 Visits		10 Visits		Student (14-17)
	Pool Buy-Up		Pool Buy-Up		Pool Buy-Up		Senior (60+)
	Locker Buy-Up		Locker Buy-Up		Locker Buy-Up	Stouffville WALKS	
	Adult		Adult		Adult	Notes	
	Student		Student		Student		
	Senior (60+)		Senior (60+)		Senior (60+)		

**Fitness Use**

Orientation/ Appraisal Date		Resting BP		Screened by	
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