



## MEDICAL CLEARANCE FORM

**PLEASE READ & COMPLETE BOTH SIDES OF THIS SHEET. BOTH YOU & YOUR MEDICAL PROFESSIONAL MUST SIGN THIS FORM FOR YOU TO PARTICIPATE IN THE PROGRAM**

SURNAME

FIRST

ADDRESS | SUBURB

NEXT OF KIN NAME & NO

CLASS

DOB


Please answer the following questions by ticking your response and providing details as required:

*Please tick your response*

**YES**

**NO**

1. Has your medical practitioner ever told you that you have a heart condition or have you ever suffered a stroke?



2. Do you ever experience unexplained pains or discomfort in your chest at rest or during physical activity/ exercise?



3. Do you ever feel faint, dizzy or lose balance during physical activity/exercise?



4. Have you had an asthma attack/bronchitis /lung disease requiring immediate medical attention at any time over the ast 12 months?



5. If you have diabetes, have you had trouble controlling your blood sugar levels?



6. Do you have any other conditions that may require special consideration for you to exercise?



If you answered "YES" to any of the above please provide details:

.....

.....

.....

.....

Please indicate whether you have pain, stiffness or injury in the following areas and how severe your symptoms are:

*Please tick your response*

**Mild**

**Moderate**

**Severe**

Upper/lower back/neck




Knees




Shoulders




Hips or pelvis




Hands/wrist/fingers




Feet or ankles

**PLEASE READ & COMPLETE BOTH SIDES OF THIS SHEET. BOTH YOU & YOUR MEDICAL PROFESSIONAL MUST SIGN THIS FORM FOR YOU TO PARTICIPATE IN THE PROGRAM.**

To design an appropriate Strength Training program for you, we need to know if your medical problems limit your functional activities. For example, you may have arthritis in the right knee which causes pain on stairs and getting out of the car. This information will guide us to choosing appropriate exercises in the Strength Training class.

	<i>Please tick your response</i>	<b>YES</b>	<b>NO</b>
1. Do you use any walking aides?		<input type="checkbox"/>	<input type="checkbox"/>
2. Are you able to walk without any pain?		<input type="checkbox"/>	<input type="checkbox"/>
3. Are you able to stand up from a chair and stand on one leg for 10 seconds without support?		<input type="checkbox"/>	<input type="checkbox"/>
4. Are you able to walk up a flight of stairs?		<input type="checkbox"/>	<input type="checkbox"/>
5. Are you able to get in and out of the car without assistance?		<input type="checkbox"/>	<input type="checkbox"/>
6. Are you able to do household chores or gardening?		<input type="checkbox"/>	<input type="checkbox"/>
7. Are you able to hang washing on the clothes line?		<input type="checkbox"/>	<input type="checkbox"/>
8. Are you sight or hearing impaired?		<input type="checkbox"/>	<input type="checkbox"/>
9. Do you have memory problems?		<input type="checkbox"/>	<input type="checkbox"/>

<b>PARTICIPANT DISCLAIMER</b>	
1.	I warrant that all information on this form is correct.
2.	I indemnify the St George Hospital and the class Leaders from any legal action and compensation arising from my participation in these classes and programs.
3.	I agree that I will make it know to the Exercise Leader if any exercise is causing me any discomfort. I agree that I will make it know to the Exercise Leader if any exercise is causing me any discomfort.
4.	I agree that I will inform the Exercise Leader if my medical condition has changed.
5.	I acknowledge and accept there is a risk of temporary or permanent injury each time I participate.
.....	
<b>PARTICIPANTS SIGNATURE</b>	DATE

<b>DOCTOR'S CLEARANCE</b>	
In my opinion .....	is able to participate in a strength training program
<input type="checkbox"/> With the following considerations: .....	
.....	
.....	
.....	
DOCTORS NAME (Please print)	Phone
.....	.....
<b>DOCTORS SIGNATURE</b>	DATE

**THANK YOU FOR COMPLETING BOTH SIDES OF THIS SHEET. FOR ONGOING PARTICIPATION IN THE PROGRAM, THIS FORM MUST BE COMPLETED ANNUALLY (AT THE START OF EACH CALENDAR YEAR). FOR NEW PARTICIPANTS, PLEASE RETURN THIS FORM (BY EMAIL OR POST) PRIOR TO TERM COMMENCEMENT. FAILURE TO DO SO MAY RESULT IN YOUR ENROLLMENT NOT BEING PROCESSED.**