

Health Screening Form

Name: _____ Age: _____

Address: _____ Postal Code: _____

Phone: _____ Date: _____

Emergency Contact: _____ Relationship: _____ Tel: _____

1. Are you currently exercising or physically active? No Yes

2. Describe your current exercise program / physical activity

3. Have you been diagnosed with osteoporosis? No Yes

4. Have you had a fracture? No Yes

5. Have you had a fall in the last 12 months No Yes

6. Has a doctor ever told you not to exercise? No Yes

7. Please check those conditions you have now, or have had in the past.

Heart problems including chest pain with activity (angina)

Stroke

High blood pressure

Other chronic illness (please outline below)

Recent surgery

Bronchitis, asthma or emphysema

Significant joint problems

Significant back pain that persisted

Previous injury that is still affecting you

Diabetes

Smoking

High cholesterol

Heart problems in the immediate family

Vision impairment

Hearing impairment

Please put any additional comments here: _____

The personal information collected on this form is authorized under section 26 of the Freedom of Information and Protection of Privacy Act for the purpose(s) set out on this form. Should you have any questions about the collection of this personal information please contact us by mail at: City of Burnaby Parks Administration, 4946 Canada Way, Burnaby, British Columbia V5G 4H7, by telephone at 604-294-7450 or by email at parks@burnaby.ca