Active Ageing

Eligibility Form 2021

**Please complete this form thoroughly to best evaluate if our Active Ageing programs are appropriate for you and to assess which program best suit your personal circumstances.*

Name	D.O.B / /
Address	Postcode
Telephone Email	Mobile
Emergency Contact	Phone

Have you had any major surgery?

Date Surgery / /	Reason
Date Surgery / /	Reason
Date Surgery / /	Reason
Date Surgery / /	Reason

Are you currently taking any medication?

Type Medication	Reason
Type Medication	Reason
Type Medication	Reason

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HEALTH CHECK:				
Date:				
Medical Practitioner Name:				
Medical Practitioner Centre				
Medical Practitioner Contact no.				
CONDITION	**Y**	**N**	**Controlled**	**Comments**
Epilepsy				
Stroke				
Multiple Sclerosis				
Dizziness				
Chronic Lung problem				
Angina				
Heart Failure				
Hypertension				
Diabetes				
Arthritis				

Back Pain				
Shoulder problems				
Lift Arms above head				
Can climb a flight of stairs				
Poor Balance				
Prone to falls				
Walking aids required				
Hearing problems				
Sight problems				
Osteoporosis				
Advised to exercise				
Blood Pressure Resting Heart Rate	Medical Practitioner to conduct			

Do you currently exercise?

Activity	How often
Activity	How often

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FOR PARTICIPANT TO COMPLETE:

PARTICIPATION & EVALUATION
Regular attendance in the Active Ageing Program is recommended to ensure attaining health and fitness goals. Participants will be evaluated on an on-going basis to measure progress and to assess that the classes are appropriate for you.

CHANGES IN HEALTH STATUS
I understand that it is my responsibility to notify staff immediately of any changes to my medical condition

DISCLAIMER
I fully understand that although the best care will be taken by our experienced and qualified staff, I will be exercising at my own risk.

Participants name:	
Participants signature:	
Date:	

FOR YOUR DOCTOR TO COMPLETE:

I confirm that _____ is in sufficient health to participate in a supervised exercise program.

Doctors name:	
Doctors signature:	
Date:	

Belgravia Leisure & Peninsula Health are collecting personal information on this form in accordance with its legislative powers and functions and it will only be used and disclosed in accordance with these powers and functions. You may access this information by contacting the facility.