

Screening Form



Do any of these apply to you:

- Heart condition (including Angina, cardiovascular disease)
- Neurological condition (including stroke, Parkinson's, MS, MND)
- Unmanaged high or low blood pressure
- Unstable Diabetes
- Respiratory condition (including asthma, emphysema, COPD)
- Sedentary lifestyle (complete lack of regular exercise)
- Back pain requiring treatment
- Joint issues or pain requiring treatment
- Arthritis requiring treatment
- Other medical condition requiring treatment

Details
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For either of the following, a bone density test should be completed:

- Any history of cancer requiring chemotherapy or radiotherapy
- Any history of Osteoporosis

Name:

Signature of Participant: Date:

Emergency Contact

Emergency Contact Phone

Please seek guidance from your GP if you answer YES to any of the questions above.

*Dear Medical Professional,
Please detail any considerations and any restrictions:*

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Medical Practitioner

Name.....