



Adapted Fitness Program FITNESS ASSESSMENT REGISTRATION

R 1709 (R2016-12)

For Office Use Only: Fitness Assessment Schedule	
Date: _____	Time: _____
Location: _____	Instructor: _____
(Please attach copy of original receipt)	

Personal Information

Today's Date (yyyy/mm/dd): _____

First Name: _____ Last Name: _____

Birthdate (yyyy/mm/dd): _____ Gender: Male Female

Phone #: _____ Cell #: _____

Main Emergency Contact Name: _____

Phone: _____ Relationship to client: _____

Alternate Emergency Contact Name: _____

Phone: _____ Relationship to client: _____

Disability Related Information

Disability: _____ Date of onset: _____

Cause: _____

Functional Limitations: _____

Comments: _____

Do you have any chronic or recurring injuries? (ie: back problems or any joint pain)

Do you use a mobility device (ie. wheelchair, cane, walker)? What is your mobility level?

Do you have a support worker who works with you who can help you with your exercises? Yes No

Name: _____ Agency: _____ Phone #: _____

Are you currently involved in any physical therapies or rehabilitation program? Yes No

If yes, please explain: _____

Do you give us permission to contact your therapist (Rec Th., O.T., P.T.)? Yes No

Therapist's Name: _____ Phone #: _____

Location of Treatment: _____

Personal Medical Information

Are you currently taking any medication(s) that could affect exercise?

Yes No

If yes, please specify:

Medication	Dosage	Reason for prescription

Allergies and specifics of reaction: _____

Do you have any other medical conditions which Instructors should be aware of?

Seizures Yes No Type _____

Number in the past 12 months _____ Date of most recent seizure _____

Diabetes Yes No Type _____

Other (specify) _____

Personal Physical Activity Information

Brief description of past activity: _____

Current activities involved in: _____

Activities and/or sports you would like to be involved in: _____

Do you have any previous fitness/physical training experience with using weight room equipment?

What fitness goals do you wish to accomplish with this program? (please be specific)

How did you hear about the Adapted Fitness program?

Personal information on this form is collected under the authority of the Freedom and Information and Protection of Privacy Act, Section 33(c) RSA 2000 for the purpose of developing an individualized exercise program which will be used in the Adapted Fitness Program. If you have any questions regarding the collection or use of this information, please contact the Recreation Program Specialist at 403-648-6572 at Southland Leisure Centre or 403-366-3924 at Village Square Leisure Centre.