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DAVID GILKS

CORE ESSENTIALS^{INC}



YOUTH APPLICANT SCREENING QUESTIONNAIRE

For more information please call:

Phone (250) 390-3160

Fax (250) 390-3159

www.core-essentials.net

Please ensure that all questions are answered complete with phone numbers / fax numbers / medical contact information. A \$20.00 charge administrative fee will be levied for incomplete forms.

YOUTH APPLICANT SCREENING QUESTIONNAIRE

Name: _____ Date: _____
Email: _____ Age: _____
Home Ph: _____ Work/Cell: _____
Physician: _____ Phone: _____

Regular exercise associated with many health benefits, yet any change of activity may increase the risk of injury. Please read each question carefully and answer every question honestly:

- YES • NO** 1. Has a physician ever said you have a heart condition and you should only do physical activity recommended by a physician?
- YES • NO** 2. When you do physical activity, do you feel pain in your chest?
- YES • NO** 3. When you were not doing physical activity, have you had chest pain in the past month?
- YES • NO** 4. Do you ever lose consciousness or do you lose your balance because of dizziness?
- YES • NO** 5. Do you have a joint or bone problem that may be made worse by a change in your physical activity?
- YES • NO** 6. Is a physician currently prescribing medications for your blood pressure or heart condition?
- YES • NO** 7. Do you have insulin dependent diabetes?
- YES • NO** 8. Do you know of any other reason you should not exercise or increase your physical activity?

If you answered yes to any of the above questions, you must talk with your doctor BEFORE you become more physically active. If you honestly answered no to all questions you should increase your level of physical activity gradually. If your health changes so you then answer yes to any of the above questions, seek guidance from a physician.

Please tell us of any other injuries old or new we should be aware of:

GUARDIAN SIGNATURE **DATE SIGNED**