



Health Screening Form

Name:			_Age:		
Address: Phone: Emergency Contact:		Postal Code		9:	
			Date:		
		_ Relationship:		_Tel:	
1. 2.	Are you currently exercising or physically active? Describe your current exercise program / physical	No activity	Yes		
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.	Heart problems including chest pain with activity 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	ty (angina)			
PΙ	ease 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