SENIOR PHYSICAL ACTIVITY & ADAPTED SPORT PROGRAMME HEALTH SCREENING QUESTIONAIRE 2023/24

Regular physical activity is fun and healthy. We encourage more people to become more physically active every day of the week. Being more physically active is very safe for MOST people. To gauge your suitability for participation in your selected session(s) the following information is collected by the University of Worcester Senior Physical Activity and Adapted Sport Programme. Without this, we cannot meet our duty of care obligation to professionally support your well-being. The information you provide will be held for a minimum of 1 year and reviewed on an annual basis.

Your contact details will be used to inform you of changes to the schedule of the sessions you attend and of any new sessions or events taking place within the SPAAS Programme.

Session(s) attending………………………………………………………………………….

Name…………………………………………………………………………………………...

Contact number Home: ………………………………/……………………………………….

 Mobile: ……………………………………………………………………….

Date of Birth…………………………………………….

Email Address………………………………………………………………..........................

Emergency Contact Name……………………………………………………………………

Emergency Contact Number (**if** **different from above**) ……...……………………………

GP name and Surgery …………………………………………………………………………

……………………………………………………………………………………………………

When was your last medical examination? ………………………………………………...

**Please complete the following health questions accurately and to the best of your knowledge**.

**Section 1**

**(Please complete all sections to the best of your knowledge. Tick Yes or No)**

|  |  |  |
| --- | --- | --- |
| My Buddy is (please name 2 other class members of whom you know): | **YES** | **NO** |
| 1. Do you have or ever suffered a heart condition?  |  |  |
| 2. To your knowledge, do you have high blood pressure?  |  |  |
| 3. Do you have or ever have been diagnosed with another chronic medical condition (lasting longer than 3 months) other than heart disease or high blood pressure for which you are taking medication? |  |  |
| 4. Are you currently taking prescribed medications for your heart condition or high blood pressure? |  |  |
| 5. Do you have a bone or joint problem such as arthritis, which has been aggravated by exercise or might be made worse with exercise? |  |  |
| 6. Has your doctor ever said you should only do medically supervised physical activity? |  |  |
| 7. Do you lose balance because of dizziness? Have you lost consciousness or feinted in the last 12 months?  |  |  |
| 8. Do you feel pain in your chest at rest, during your daily activities of living, OR when you do physical activity? |  |  |
| 9. Do you experience unreasonable breathlessness at rest, during your daily activities of living, OR when you are doing light physical activity? |  |  |
| 10. Are you aware of a forceful, rapid, or irregular heart rate? |  |  |
| 11. Do you experience burning or cramping sensations in the lower part of your legs when walking short distances? |  |  |
| 12. Have you undertaken planned, structured physical activity for at least 30minutes at a moderate level of intensity (such as brisk walk, cycling on the flat, mowing the lawn, doing the housework) on at least 3 days per week for at least the last 3 months? |  |  |

NAME: ………………………………………………………………………… DATE: ……………………………………………..

SIGNATURE: ……………………………………………………………………………………………………………………..

If you answered **NO** to Q.1 - 11, you are cleared for physical activity.

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Please complete the remaining section of this form, sign the declaration & then bring it to the Riverside centre prior to your first session.

If you answered **Yes** to any Q.1 – 6, & Y**es** to Q.12 you are cleared for physical activity **but** at a moderate level of intensity **&** under the guidance of a qualified instructor/coach.

Please complete the remaining section of this form, sign the declaration & then bring it to the Riverside centre prior to your first session.

If you answered **YES** to any Q.1 – 5 & **NO** to Q.6, please download, print, compete & bring the supplementary health screening questionnaire to Riverside Centre for a qualified Health & Fitness Officer to pass & clear you for exercise. **Please use the link at the foot of page 4.**

 

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**Data Protection**

We are requesting this information from you so that we can assess your suitability of participation in physical activity programmes offered at the Riverside Centre Fitness Suite.

The processing of all this data is dependent upon your explicit consent (GPDR *Article 6(1)(a) & Article 9(2)(a)).*

I consent to my personal information being processed in accordance with the purpose identified on this data collection form.

 **Agree (Please tick)**

We may also use this information to contact you with details of additional services being offered at the centre*.*

 **Agree (Please tick)**

Please note that the University of Worcester is the Data Controller and details of how we process your data including how long we retain it and your rights are detailed on: https://www.worcester.ac.uk/informationassurance/103.html

 **DECLARATION**

Please read and sign the declaration below:

*I, the undersigned, have read, understood to my full satisfaction and completed this questionnaire. I acknowledge that this physical activity clearance is valid for a maximum of 12 months from the date it is completed. I understand this form becomes invalid if my condition changes, and I do not notify the UW Riverside Fitness Centre in writing.*

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_

**Supplementary health screening link:** <https://www.worcester.ac.uk/documents/Riverside-Centre-Gym-Supplementary-Health-Screening-Questionnaire.docx>