

# Highlands Community Learning Center Medical Form

## Staff Information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ e-mail: \_\_\_\_\_  
OHIP Card # \_\_\_\_\_

## In case of an Emergency contact:

Name: \_\_\_\_\_ Relationship to Staff: \_\_\_\_\_  
Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell: \_\_\_\_\_  
Do you have any injuries, illnesses (e.g. diabetes, epilepsy, asthma etc.) or are you recovering from a surgical procedure that may be aggravated by physical activity?  Yes  No  
Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you taking medication(s)?  Yes  No If so please list all medications and explain their purpose.

Please list any allergies, reactions to medications, or reactions to food

Does the Allergy require carrying an ANA/kit/Epipen?  Yes  No

**Note: Please remember to bring your own Epipen(s)/ANA Kit(s) if required**

Are you Pregnant:  Yes  No Number of Weeks: \_\_\_\_\_

Do you have a disability (physical, intellectual, emotional)  Yes  No If so please indicate any functional concerns that will help us tailor the activities to your needs. (Attach another page if necessary)

## Revised Physical Activity Readiness Questionnaire (RPAR-Q)

PAR-Q is designed to help you help yourself. For most people, physical activity should not pose any problem or hazard. PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate of those who should have medical advice concerning the type of activity most suitable for them. Common sense is your best guide in answering these few questions. Please read them carefully and check the box that is appropriate for you.

Has your Doctor ever said you have a heart condition and recommended only medically approved physical activity?  
 Yes  No

Do you have chest pain brought on by physical activity?  Yes  No

Do you lose consciousness or lose your balance as a result of dizziness?  Yes  No

Do you have a bone or joint problem that could be aggravated by the proposed physical activity?  Yes  No

Is your doctor currently prescribing medication for your blood pressure or heart condition?  Yes  No

Are you aware, through your own experience or a doctor's advice, of any other reason against your exercising without medical approval?  Yes  No

Have you developed chest pain in the past month?  Yes  No

**Note: If you 1)answered YES to any question, or 2) are pregnant, or 3) are 70 years of age or older, consult your doctor before increasing your physical activity level. Failure to do so may increase your injury/health risk. If you have a temporary illness, postpone physical activity.**

Is there any other condition or information you feel we should know about?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_