

Health Screening Form

Name of Participant (please print) _____

Participant's Age _____ Participant's Telephone (_____) _____

Participant's address _____

This program is a fitness and wellness program not physiotherapy and will be led by Town of Whitchurch-Stouffville fitness instructors.

Please read the 7 questions below and answer each one honestly: check YES or NO.		Yes	No
1.	Has your doctor ever said that you have a heart condition OR high blood pressure?		
2.	Do you feel pain in your chest at rest, during your daily activities of living, OR when you do physical activity?		
3.	Do you lose balance because of dizziness OR have you lost consciousness in the last 12 months? Please answer no if your dizziness was associated with over-breathing (including during vigorous exercise.)		
4.	Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)?		
5.	Are you currently taking prescribed medications for a chronic medical condition?		
6.	Do you have a bone or Joint problem that could be made worse by becoming more physically active? Please answer NO if you had a joint problem in the past, but it does not limit your current ability to be physically active. For example knee, ankle or other.		
7.	Has your doctor ever said that you should only do medically supervised exercise?		
8.	Are you currently receiving cancer therapy (Such as chemotherapy or radiotherapy)?		

If you answered YES to one or more questions:

- Fitness staff may use a secondary list of questions to help you determine if becoming more physically active is appropriate.
- Some situations may require further information from your medical practitioner.

Please attach a printed list of your current medications. Should changes occur in the medical condition or medications, you must notify us.

Signature of Participant

Date

Phone 905-642-7529 Craig Baillie, Fitness Programmer, CSEP-CEP® - ext. 5319
Barb Armstrong, Fitness Supervisor, CSEP-CEP®, EIM-Level 2 – ext. 5328



TRUE^NTH
A NOVEMBER INITIATIVE



True^{NTH}

Lifestyle Management

What?

A national initiative founded by November and Prostate Cancer Canada that aims to provide and promote evidence-based wellness programs for men living with prostate cancer. Running for 12 weeks (2x/week), it includes assessments (pre & post), group exercise classes, and education materials designed specifically for the needs of prostate cancer survivors, presented in a welcoming and encouraging environment. All men previously diagnosed are eligible to join but must be screened (self screening form on back) and cleared for unrestricted or progressive physical activity prior to joining. True^{NTH} is about making positive changes for men with prostate cancer. It aims to address the needs of men along all points of their cancer journey, helping them to achieve a good quality of life and to feel knowledgeable and confident about managing their disease.

Where?

Whitchurch-Stouffville Leisure Centre
2 Park Drive, Stouffville, ON, L4A 4K1

When?

Mondays and/or Thursdays @ 1:00 pm

Cost

1 day/week - \$99.00 for a 12 week session
2 days/week - \$198.00 for a 12 week session

Free for Fitness Club members!



For More Information Contact:

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