St. James' Settlement
Wanchai Integrated Family Service Centre

Health Assessment Questionnaire

Name of Participant: _____ Name of Program: _____

To ensure you / your child's* safety, please complete the Health Assessment questionnaire.
All the answers would be kept confidential.

	Reference: Canadian Society for Exercise Physiology	YES	NO
1	**Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?**		
2	**Do you feel pain in your chest when you do physical activity?**		
3	**In the past month, have you had chest pain when you were not doing physical activity?**		
4	**Do you lose your balance because of dizziness or do you ever lose consciousness?**		
5	**Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?**		
6	**Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?**		
7	**Do you know of any other reason why you should not do physical activity?** (Pls. state:)		
8.	**Are you having allergy problem to any drug, materials or food? (Pls. state: _____)**		
9	**Do you seldom exercise especially for severe physical exercise?**		
10	**Do you have the following symptoms ?** **□ hypertension □ asthma □ claustrophobia □ gastric disease □ acrophobia** **□ depression □ epilepsy □ fracture □ Other (Pls. state: _____)**		

** If you answered Yes to one or more questions, or being pregnant or suspected to be pregnant, please discuss with the responsible program worker and doctor before you decide to attend the program.

For emergency, we can contact: ☐ Cannot provide

I am / my child is* willing to provide the above information for program enrollment and contact. I hereby declare that all information provided is true and valid.

Signature of participant / parent / guardian *: _____
(The undersigned must be aged over 18.)

Name of participant / parent / guardian* (in BLOCK letter) : _____

Date: _____

Remark :

*Please delete as appropriate

Please return the form to our centre by mail / fax (no.: 28339940)