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***Prime Time for Middle Aged and Older Adults – A strength and fitness programme for adults over 50 years of age in Laois***

**Please note: all information contained in this form will be kept private and confidential**

**Contact Information**

Name: Click or tap here to enter text.

Age: Click or tap here to enter text.

Email address: Click or tap here to enter text.

Phone number: Click or tap here to enter text.

**Health History Information**

Do you have any of the following medical conditions or injuries?

Heart condition Yes[ ]  No[ ]

Stroke Yes[ ]  No[ ]

Family history of heart disease Yes[ ]  No[ ]

Chest pains Yes[ ]  No[ ]

High blood pressure Yes[ ]  No[ ]

Low blood pressure Yes[ ]  No[ ]

High cholesterol Yes[ ]  No[ ]

Type 1 Diabetes Yes[ ]  No[ ]

Type 2 Diabetes Yes[ ]  No[ ]

Epilepsy Yes[ ]  No[ ]

Joint disorders / issues Yes[ ]  No[ ]

Bone disorders / issues Yes[ ]  No[ ]

Muscle injuries Yes[ ]  No[ ]

Back pain Yes[ ]  No[ ]

Asthma Yes[ ]  No[ ]

Other medical condition(s) Yes[ ]  No[ ]

If you have checked **“yes”** to any of the above, please give relevant details here *e.g. what injury do you have? What medical condition do you have? Is your medical condition a recent diagnosis? What medications are you taking for your condition*? This is very important information that we need to help us give you exercise recommendations that are specific to your needs. Click or tap here to enter text.

Have you ever been told by your doctor that you should not exercise? Yes[ ]  No[ ]

Have you had any recent operations? Yes[ ]  No[ ]

If you have checked “yes” please let us know when this took place as it may have implications for your exercise sessions. Click or tap here to enter text.

**Lifestyle Questions**

Do you smoke? Yes[ ]  No[ ]

If you have checked “yes” how many do you smoke per day? This will be relevant to our exercise recommendations for you. Click or tap here to enter text.

Do you currently take part in physical activity? Yes[ ]  No[ ]

If you have checked “yes” please detail the type of physical activity you do each week so that we can get an understanding of your current level of fitness. Click or tap here to enter text.

**Additional information**

What is your occupation? please include full-time and part-time work (we will be doing research with farmers in the near future so please let us know if you are a farmer). Click or tap here to enter text.

***Disclaimer:***

*Exercise is not without its risks, and this or any other exercise programme may result in injury. They include but are not limited to: risk of injury, aggravation of a pre-existing condition, or adverse effects of over-exertion such as muscle strain, abnormal blood pressure, fainting, disorders of heartbeat, and very rare incidences of heart attack. The exercise instruction and advice presented are in no way intended as a substitute for medical consultation. As with any exercise programme, if at any point during your workout you begin to feel faint, dizzy or have physical discomfort, you should stop immediately and consult a physician. I have read and understood the above and I am willing to participate in the programme.*

**Signed:** Click or tap here to enter text. **Date:** Click or tap here to enter text.

***Please note: typing your name here will be considered a valid signature.***

**Email your completed screening form to ruthtruefitness@gmail.com**