BC WOMEN'S HOSPITAL+ HEALTH CENTRE
An agency of the Provincial Health Services Authority

Osteofit
fitness and healthy bones

Health Screening Form

Name: _____ Age: _____

Address: _____ Postal Code: _____

Phone: _____ Date: _____

Emergency Contact: _____ Relationship: _____ Tel: _____

1. Are you currently exercising or physically active? ☐ No ☐ Yes
2. Describe your current exercise program / physical activity

_____

_____

3. Have you been diagnosed with osteoporosis? ☐ No ☐ Yes
4. Have you had a fracture? ☐ No ☐ Yes
5. Have you had a fall in the last 12 months ☐ No ☐ Yes
6. Has a doctor ever told you not to exercise? ☐ No ☐ Yes
7. Please check those conditions you have now, or have had in the past.
   - ☐ Heart problems including chest pain with activity (angina)
   - ☐ Stroke
   - ☐ High blood pressure
   - ☐ Other chronic illness (please outline below)
   - ☐ Recent surgery
   - ☐ Bronchitis, asthma or emphysema
   - ☐ Significant joint problems
   - ☐ Significant back pain that persisted
   - ☐ Previous injury that is still affecting you
   - ☐ Diabetes
   - ☐ Smoking
   - ☐ High cholesterol
   - ☐ Heart problems in the immediate family
   - ☐ Vision impairment
   - ☐ Hearing impairment

Please put any additional comments here: _____

_____