



Hants Health and Wellness Team Physical Activity Screening Form

Name _____ Date of Birth _____

Phone _____ Health Card # _____

Email Address: _____

Program Name _____

Start Date _____

Location _____

Note: Screening form must be submitted 5 business days before your program start date.

Please return completed form to the Hants Health and Wellness Team in person or by using one of the methods listed below:

Email:
hhwt@nshealth.ca

Mail:
Hants Community Hospital
89 Payzant Drive, Windsor NS, B0N 2T0

Fax:
902-792-2253

- YES NO 1. Do you regularly exercise at a moderate to vigorous pace for 30 minutes at least 3 days per week? (i.e.: moderate to brisk paced walking, cycling, aerobics, dancing)
- YES NO 2. Have you been diagnosed with diabetes, kidney disease or a heart problem? **(heart attack, blockages, valve or heart surgery, angina, stroke, etc).**
- YES NO 3. Do you have high blood pressure with readings that are often over 160/90?
- YES NO 4. Do you have angina (experience pain, tightness, pressure or discomfort in your chest, arms, back, neck or jaw) **at rest or** with physical activity?
- YES NO 5. Do you have shortness of breath with mild physical activity (walking at your own pace on the level ground) at rest, or when you are lying down?
- YES NO 6. Have you ever been told you have a connective tissue disease?
- YES NO 7. Do you have swelling in both feet that is more obvious at night?
- YES NO 8. Have you received treatment for cancer in the last 3 months?
- YES NO 9. Have you or any close relatives been told you have an aneurysm?
- YES NO 10. Have you ever been told that you have a bicuspid aortic valve?
- YES NO 11. Do you experience dizziness, fainting, or blackouts?



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YES NO 12. Have you had more than one fall in the past year?

YES NO 13. Do you have osteoporosis?

YES NO 14. Did you have or think you had Covid-19?
If yes, are you still experiencing symptoms? YES NO

Briefly describe your symptoms:

15. Is there anything else about your health history that you would like us to know?

A Wellness Facilitator - Physiotherapist may contact you for more information. Please be advised that you are exercising at your own risk. Should your health status change it is your responsibility to tell the Hants Health and Wellness Team.

Name _____

Date _____

Office Use Only Safe to begin Exercise program: YES NO Screened by:

Comments: _____
