

Tai Chi Registration and Medical Information Form

Private & Confidential

The information which you provide on this form will be used to determine if medical clearance is required before commencing a physical activity program. All information on this medical information form is confidential and access to the details will be limited to the client, the physical activity instructor and any medical or paramedic staff. Contact details (name and phone number) may be disclosed to government health officials if required for contact tracing purposes.

Name.....

Date of Birth (Month/Year).....

1. Has your medical practitioner ever told you that you have a heart condition or have you ever suffered a stroke? YES NO
2. Do you ever experience unexplained pains or discomfort in your chest at rest or during physical activity/exercise? YES NO
3. Do you ever feel faint, dizzy or lose balance during physical activity/exercise? YES NO
4. Have you had an asthma attack requiring immediate medical attention at any time over the last 12 months? YES NO
5. If you have diabetes (type I or type II) have you had trouble controlling your blood sugar in the last 3 months? YES NO
6. Do you have any other conditions that may require special consideration for you to exercise? YES NO

(If yes, please describe.....)

If you answered YES to any of the ABOVE questions (1-6), please ask your medical practitioner to provide you with clearance to participate in Tai chi classes and please provide confirmation of this (a medical certificate) to the instructor if you have not already done so.

7. How many minutes of exercise do you do each week?.....

8. Do you have any muscle/bone/joint problems that may be made worse with exercise?

YES NO

(If yes, please describe.....)

9. Are you pregnant or have given birth within the last 12 months? YES NO

10. Please circle any of the below that apply:

Balance problems

Vision/hearing problems

Family history of heart disease (before 55 years of age)

Smoker

High blood pressure

High cholesterol

High blood sugar

Please provide details of any conditions relevant to exercise that you have not already mentioned.

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I will not participate in classes if: I am unwell with any symptoms which may possibly be caused by COVID-19; or I have been directed to stay at home, quarantine or isolate under a Public Health Direction.

I will comply with **all current regulations and advice** issued by the ACT Government in relation to limiting COVID-19 infection and as communicated by the class instructor.

I believe that to the best of my knowledge all of the information which I have supplied on this form is correct and will inform the instructor of any change in physical condition that may require a change in activity involvement.

I understand that the instructor is not qualified to provide me with medical advice (beyond basic first aid) with regard to medical fitness and that this information is used as a guide only. I understand that exercise may carry risks for certain individuals. The instructor shall not be liable for any personal injury, illness or damage to property arising out of or from her activities.

I give permission for an ambulance to be called in case of emergency and for trained medical practitioners or rescue workers to carry out any emergency procedures deemed necessary and understand that all associated costs will be my responsibility.

Signature.....Date.....

Telephone contact:.....Email contact:.....

Name of emergency contact:.....Telephone:.....

You must register before attending a class. Please complete your registration by either:

- (a) Returning this registration form by email (hilary@corellacounselling.com) OR
- (b) Phoning the instructor on 0477 844 562 to register for this class and giving this form to the instructor before class.