



# "Y" FIT FORM

A Questionnaire for People Aged 13 and over

We build strong kids,  
strong families, strong communities.

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active. If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are the ages 13 and over, the Y Fit Form will tell you if you should check with your doctor before you start. Common sense is your best guide when you answer these questions. Please complete one set of questions for each member of your family who is over the age of 13. Each family member 18 years and older must sign the back of this form.

Read the questions carefully and answer each one honestly: Check YES or NO

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

YES NO

( ) ( ) 1. Has your doctor recommended that you start an exercise program?  
If "Yes" please specify why: \_\_\_\_\_

( ) ( ) 2. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?

( ) ( ) 3. Do you feel pain in your chest when you do physical activity?

( ) ( ) 4. In the past month, have you had chest pain when you were not doing physical activity?

( ) ( ) 5. Do you lose your balance because of dizziness or do you ever lose consciousness?

( ) ( ) 6. Do you have a bone or joint problem that could be made worse by a change in your physical activity? If yes please specify, \_\_\_\_\_

( ) ( ) 7. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?

( ) ( ) 8. Do you know of any other reason why you should not do physical activity?

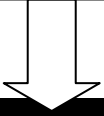
YMCA Staff Initials \_\_\_\_\_

### Yes to one or more questions

Talk with your doctor BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the Y FIT FORM and which questions you answered YES.

- You may be required to provide written documentation from your physician depending on the severity of the condition
- You may be able to do any activity you want-as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those that are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice
- Find out which fitness programs are safe and helpful to you

**IF YOU ANSWERED**



### NO to all questions

If you answered **NO** honestly to all Y FIT FORM questions, you can be reasonably sure that you can:

- Start becoming much more physically active-begin slowly and build up gradually. This is the safest and easiest way to go
- Take part in a fitness appraisal-this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively
- Register for a "Equipment Orientation" before using the conditioning room

### DELAY BECOMING MUCH MORE ACTIVE;

- If you are not feeling well because of a temporary illness such as a cold or a fever-wait until you feel better or
- If you are or may be pregnant-talk to your doctor before you start becoming more active

**Please note: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.**

Informed Use of the Y Fit Form: The Brockville and Area YMCA assume no liability for persons who undertake physical activity, for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity. **NOTE: If the Y Fit Form is being given to a person before he or she participated in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes. I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.**

You are encouraged to copy the Y Fit Form but only if you use the entire form

Name (print) \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Witness: \_\_\_\_\_

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