

Chair-Based Exercise

HEALTH CHECK FORM

ANY OF THE FOLLOWING SPEAK TO A DOCTOR BEFORE TAKING PART

- Have you at any time been told you have heart trouble or are being treated for any heart condition
- Have you had a heart attack in the last three years
- Have you had chest pain while at rest/or during exertion
- Have you experienced dizziness and/or fast, irregular or very slow heart beats
- Have you got uncontrolled high blood pressure
- Have you had diabetes for more than 10 years
- Have you shortness of breath after exertion, at rest or even at night in bed
- As an adult, have you ever had a fracture of the hip, spine or wrist
- Have you arthritis or a joint problem
- Have you pain in the buttocks, back of legs, thighs or calves during walking
- Have you swollen ankles, feet, hands and /or take diuretics
- Have you any lacerated wounds or cuts on the feet that are slow to heal
- Have you had a fall more than twice in the past year
- Have you been inactive for 3 years or more and are over 65
- Are you intending to take up vigorous exercise
- Have any condition, which is or becomes unstable