



## CHEGS Registration and Pre-exercise Screening Form

**THIS FORM MUST BE COMPLETED WHEN JOINING A CHEGS PROGRAM FOR THE FIRST TIME, YEARLY THEREAFTER, AFTER A BREAK FROM CLASSES OF MORE THAN TWO MONTHS, OR ANY TIME YOU EXPERIENCE CHANGES TO YOUR HEALTH (e.g. a fall, serious illness etc.)**

### REGISTRATION DETAILS

Name: .....	DOB: ...../...../.....	Sex: M / F
Address:.....		
Phone Home: .....		Mobile: .....
Email: .....		
Emergency Contact Person: .....		Phone: .....

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

### SECTION B

7. Describe your current physical activity/exercise levels in a typical week by stating the frequency and duration at the different intensities.

<b>Intensity</b>	<b>Light</b>	<b>Moderate</b>	<b>Vigorous/high</b>
<b>Frequency</b> (number of sessions per week)			
<b>Duration</b> (total minutes per week)			
If your total is less than 150 minutes per week then light to moderate intensity exercise is recommended. Increase your volume and intensity slowly. Discuss your fitness level and any injuries/problems you may have with your class instructor.			

**Weighted physical activity/exercise per week**

Total minutes = (minutes of light + moderate) + (2 x minutes of vigorous/high)

TOTAL = \_\_\_\_\_ minutes per week

**IF YOU ANSWERED 'YES' to any in SECTION A**, please see your GP/health professional to complete the medical clearance section of this form. Information about CHEGS to show your GP/Health professional is attached.

### **HEALTH PROFESSIONAL CLEARANCE**

In my opinion, .....
(Patient's Name)
Would benefit from participating in low to moderate intensity physical activity.
Health Professional Job Title e.g. General practitioner: .....
Name: ..... Phone:.....
Address:..... Postcode: .....
Signed: ..... Date: .....

CHEGS strongly recommends that you consult your doctor/health professional and obtain clearance prior to commencing this exercise program as a certain level of risk is inherent in any exercise program. Any information, instruction or advice obtained from CHEGS instructors or staff may not be substituted for your doctor's/health professional's advice or treatment, and any instruction or advice is obtained at your own risk.

Participants **MUST** at all times observe and adhere to CHEGS policies, procedures and regulations. CHEGS and the venues at which classes are held have strict COVID-19 guidelines that must be followed. Failure to do this is at your own risk. CHEGS reserves the right to refuse participants from attending CHEGS classes.

**Declaration:** I understand that my participation in any exercise program may increase my personal risk of injury and I hereby assume any and all risks and responsibilities associated with my participation in CHEGS exercise classes. I certify that the information I have given on this form is complete and accurate. I have completed this form and I understand it. I will notify my instructor of any changes to my health by completing a new form.

Signed Participant: ..... Date: .....

Signed Instructor: ..... Date: .....

### **GIVE YOUR COMPLETED FORM TO YOUR CLASS INSTRUCTOR**

**Thank you for choosing a CHEGS exercise class - we hope you achieve your desired outcome and enjoy the class.**



## Program Information for Health Professionals

### Program Description:

CHEGS programs are open to anyone over 18. Most of the exercise classes are specifically targeted to people over 50, aiming to improve health and fitness and reduce the risk of fall related injuries. Classes run for 60 minutes and include low to moderate intensity exercise. CHEGS classes are also designed to be fun and sociable.

Approximately 40 classes per week are offered throughout the NSW Far North Coast and all classes are instructed by qualified fitness professionals.

### Activity Options:

- Cross Training
- Tai Chi & Qigong
- Gentle Exercise
- Stretch & Strengthen
- Light Pace

### Classes are suitable for

Most people, including those with conditions such as sedentary living, hypertension, diabetes, arthritis, osteoporosis, joint replacement, depression, cardiovascular disease.

### Not suitable for people who

- Need help to be mobile
- Have unstable medical conditions
- Require one-on-one rehabilitation

### Absolute Contra-Indications

- Recent ECG changes
- Unstable angina
- Third degree heart block
- Recent myocardial infarction
- Acute CCF

**Approved COVID-19 Safe Plans** are in place for all CHEGS classes. However, vulnerable individuals should discuss the activities it is safe for them to resume with their doctor/health professional.

For a timetable of classes or additional program information please:

Phone: 02 6620 7517

Email: [robyn.newson@health.nsw.gov.au](mailto:robyn.newson@health.nsw.gov.au)

or visit the website (Google: chegs)