

# LIVING LONGER LIVING STRONGER

MEDICAL CONSTANT FOR RESISTANCE TRAINING



INVOLVE CONNECT ENJOY

## Please ask your family doctor to complete

Patient name: \_\_\_\_\_

Address: \_\_\_\_\_

D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_

I give permission for my doctor to release my medical details to the LLS instructor.

Signed \_\_\_\_\_

The above-named person is considered by me to be medically fit for a supervised strength training program

## Please specify any medical condition that may affect your patient's participation in this program.

### Does your patient have:

- |                                                 |                                                     |
|-------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Unstable hypertension  | <input type="checkbox"/> Osteoporosis               |
| <input type="checkbox"/> Respiratory conditions | <input type="checkbox"/> Muscular/skeletal problems |
| <input type="checkbox"/> Cardiac                | <input type="checkbox"/> Neurological conditions    |
| <input type="checkbox"/> Visual disturbances    | <input type="checkbox"/> Diabetes                   |
| <input type="checkbox"/> Other:                 |                                                     |

Patient's current blood pressure: \_\_\_\_\_

Current medications: \_\_\_\_\_

I am aware my client will be undertaking a monitored Living Longer Living Stronger strength-training program that incorporates a progressive resistance format.

Doctor's signature \_\_\_\_\_

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

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Privacy:** Yarra City Council is collecting the health information requested on this form for the purpose of administering your membership/enrolment. Council will use the health information solely for this primary purpose or directly related purposes. Council may disclose this information in an event of an emergency. You may access this information and correct it if necessary by contacting the centre.