

# Enderby & District Recreation Services



## Health Screening Form 2025

\*\*please fill out completely

DATE : \_\_\_\_\_

Name : _____	Birth date _____ / _____ / _____	Age : _____
Phone # : _____	(yyyy/mm/dd)	
Doctor : _____		
*Emergency contact : _____	Phone # : _____	

**SPECIAL CONSIDERATIONS :** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICATIONS :** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

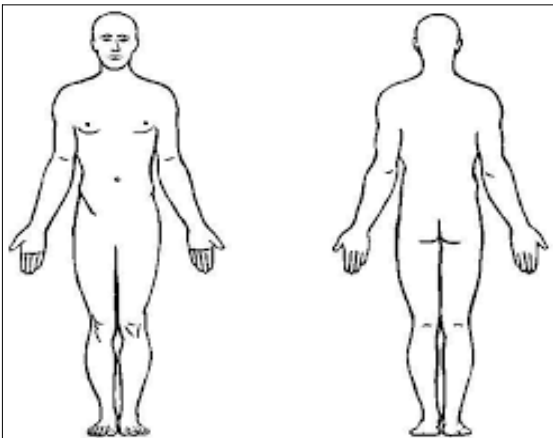
**\*\*ALLERGIES :** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Subjective Pain Level

on a Scale of 1-10, circle your current pain level

**1 2 3 4 5 6 7 8 9 10**

Mark areas on your body where you feel described sensations.  
Use the appropriate symbol. Include all affected areas.



**X** NUMBNESS

**+** BURNING

**O** PIN & NEEDLES

**=** STABBING

### Other Notes : (or Dr's Note / Referral)

*O.K to participate in fitness class*

Dr.'s Signature : \_\_\_\_\_

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