



2275, avenue Laurier Est, Montréal (Québec), H2H 2N8  
Téléphone : (514) 527-4527 poste 2329, Télécopieur. : (514) 527-0979

« Viomax plus »   
« Viomax regular »   
Refused

Space reserved for the administration

## HEALTH APPRAISAL QUESTIONNAIRE AUTORIZING THE PRACTICE OF PHYSICAL ACTIVITY

### - INFORMATION -

Viomax is a non-profit organization that offers various programs of physical activities, to people who live with or without physical disabilities. The activities take place at Viomax in partnership with; Centre de Réadaptation Lucie Bruneau, Marie Enfant, MAB-Mackay, Constance-Lethbridge and also l'École Joseph-Charbonneau and le Centre du Plateau. Viomax is open from 12:00 pm to 1:30 pm, 4:30 pm to 9 :30 pm during weekdays, and also on the weekends from 9.00 am to 2:00 pm. The facilities of CRLB consist of a gymnasium, a heated pool (large basin (96°F), small basin (88°F))as well as a physical conditioning room with equipment that is accessible for people living with a physical disability.

Participants are evaluated by an employee of Viomax who is studying, or who has obtained, a university degree in Kinesiology, and has been trained to work with people who have a physical disability. After an evaluation, an adapted physical activity program is prescribed. Activities are supervised and followed-up by a Kinesiologist.

The person who is using this questionnaire has made a request to become a member of our organization so that they can benefit from physical activity. With the goal of ensuring that we continue to offer quality services, we ask that you please fill out the following questionnaire.

#### Admission

« Viomax plus » clientel is all persons with a physical disability related to a significant permanent physical or neurological imparment that matches our criteria\*. Viomax is not required to admit a person who does not meet the established criteria\*.

Thank you for your cooperation

\* Consult our website to view rru admission criteria: [www.viomax.ca](http://www.viomax.ca)

### -To be completed by the participant-

Name : \_\_\_\_\_ First Name : \_\_\_\_\_  Male  Female

Complete Adresse : \_\_\_\_\_ App : \_\_\_\_\_

City : \_\_\_\_\_ Postal Code : \_\_\_\_\_ Tel.: ( ) \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
                  day    month    year

Contact Person for emergency : \_\_\_\_\_ Tel : ( ) \_\_\_\_\_

Relationship to the person : \_\_\_\_\_

Personne ressource ou professionnel de la santé : \_\_\_\_\_ Tél : ( ) \_\_\_\_\_

#### Relationship to the person :

Physiotherapist  Ergotherapist  Special education technician  
 Social worker  Nurse  Psychologist  Kinésiologist

Interested in :  Physical conditioning room  Pool  Youth Sector  
 Vmax swimming Team  others : \_\_\_\_\_

**Note :** The medical certificat must be received, read and accepted by the organization prior to registration. Any condition undeclared is subject to a review of eligibility and abilit to continue an exercise program.

