



Health check assessment consent

Exercise Right Week event

Overview

As part of Exercise Right Week, [your company name] is offering free health checks to the public during our community event. These checks are designed to give you a general overview of your current health and are conducted by qualified exercise professionals.

Health check

The health check will include the following non-invasive components:

Blood pressure: Using an automated blood pressure cuff.

Sit to stand test: Evaluates strength and mobility using a chair.

Grip strength: Measured using a hand dynamometer.

Balance test: Assessed using a balance mat.

These assessments are designed to be simple, safe, and informative.

Purpose of health check

The purpose of this health check is to provide a snapshot of your general health and physical function. These results are for informational purposes only and are not intended to diagnose, treat, or replace medical advice. If any results fall outside normal ranges, we recommend that you consult your healthcare provider.

Voluntary participation

Participation in this health check is completely voluntary. You may decline to participate in any or all components and may withdraw at any time without any consequences.

Potential risks

All assessments are considered low-risk and non-invasive. However, you may experience minor discomfort, such as light pressure from the blood pressure cuff or momentary instability during balance testing. If you experience discomfort or wish to stop at any time, please let a team member know.

Confidentiality and data use

All personal information and test results will be kept confidential and will not be shared without your consent. Collected data may be anonymised and used for research, reporting, and statistical purposes to help improve community health outcomes.

Consent

By signing this form, I confirm the following:

- I have read and understood the information provided above.
- I voluntarily agree to participate in the health check.
- I understand that I may withdraw at any time without penalty.
- I give permission for [your company name] and its members to perform the assessments listed.
- I consent to the use of my de-identified data by [your company name] for internal and external purposes.
- I acknowledge that I will not receive any payment or other compensation for the use of this data.

Name (Please Print): _____

Signature: _____

Date (DD/MM/YY): _____ / _____ / _____

Signed by parent/guardian (if under the age of 18):

OFFICE USE ONLY

Campaign: _____

Staff (Name): _____

Staff (Signature): _____

Date (DD/MM/YY): _____ / _____ / _____