

**Policy  
Document**

**Health Referral Policy & Guidance**



<b>Document Title:</b>	<b>Health Referral Policy &amp; Guidance</b>	<b>Issue No:</b>	<b>ONE</b>
<b>Type:</b>	<b>Policy Document</b>	<b>Effective From:</b>	<b>01/11/2025</b>
<b>Index No:</b>	<b>PD 5.6</b>	<b>Last Review Date:</b>	<b>02/11/2025</b>
<b>Approved By:</b>	<b>Hannah Dyke</b>	<b>Next Review Due:</b>	<b>30/11/2027</b>

**Contents**

Related Policies and Other References..... 3

Policy Statement & Objective..... 3

Policy Detail..... 4

    1.0 Introduction..... 4

        1.2 Scope..... 4

    2.0 Health Referral Principles & Guidelines..... 4

        2.1 Health Referral Pathways Design..... 5

    3.0 Implementation..... 5

    4.0 Safety..... 7

        4.1 Staffing..... 7

        4.2 Managing Risk..... 8

        4.3 Equipment..... 8

        4.4 Inclusion & Exclusion criteria..... 8

        4.5 Pre-exercise Assessment..... 9

    5.0 Delivery..... 9

    6.0 Sharing Best Practice..... 10

    7.0 Quality Assurance..... 10

    8.0 Information Governance..... 10

    9.0 Promotion..... 10

    10.0 Monitoring & Evaluation..... 11

        11.0 Reporting..... 11

        12.0 Training & Development..... 11

Amendments..... 12

Approval..... 13

Appendix I – Risk Stratification – Health Referral Pathway..... 14

## Related Policies and Other References

### National Policies & Guidelines

- [NICE Guidance Physical activity: exercise referral schemes](#)
- [Public Health Scotland- Physical Activity Referral Guidance](#)

### Internal Policies & Guidelines

- PD 2.1 Health and Safety Policy
- Safeguarding Adults & Children –
- DBS Checks Policy
- General Data Protection Regulations Policy
- Data Security Operating Document
- Site and Facility Risk Assessments

## Policy Statement & Objective

*(Describe the policy, the reason for the policy and to whom this policy applies.)*

### Policy Statement:

Freedom Leisure is committed to ‘improving lives through leisure’ and providing high-quality and effective Health Referral pathways to support local populations. This document is intended to capture and document a recommended outline for coordinating and delivering Health Referral programmes across Freedom Leisure.

We deliver Health Referral programmes in the majority of our contract areas and manage these via Healthy Community Managers or by Fitness Managers within the organisation.

This policy sets out how we seek to design, develop and deliver Health Referral programmes with the purpose of tackling local health inequalities and supporting residents to adopt a healthier and increasingly active lifestyle.

### Objective:

The purpose of this document is to detail the establishment of Freedom Leisure Health Referral programmes and support consistent and quality-assured delivery; to create an over-arching guide that can be used by Health Referral leads to design, manage and deliver Health Referral programmes.

In addition, Health Referral Leads must complete a more detailed Operating Document for each Health Referral Activities within their venues, in addition to Risk Assessments for each specific activity coordinated; these might include Gym Sessions, Health Referral Classes, Health Referral Walks etc. (please note this list is not exhaustive nor conclusive).

## Policy Detail

### 1.0 Introduction

This Policy will enable Health Referral Leads to initiate and manage a Health Referral programme from inception and provide the necessary and relevant tools to support a Health Referral participant's journey.

The aims of this document are to:

- Provide a consistent and quality-assured model for the delivery of Health Referral (regardless of geography or local infrastructure), supporting Referral Leads to design, implement, manage and evaluate programmes across the organisation
- Support Health Referral Leads in providing defined processes and procedures that will equip individuals and their staffing teams to maintain a high standard of customer service to all those referred (and the necessary reassurance to partners, commissioners and other Referrers into the programme)
- Facilitate a continuous approach to service development, ensuring that Freedom's Healthy Communities programmes remain abreast of national guidance and best practice

### 1.2 Scope

This policy applies to Healthy Communities staff, whom must be familiar with this policy and comply with its terms. This policy supplements our other policies relating to GDPR, Health & Safety, Safeguarding and Fitness. We may supplement or amend this policy by additional policies and guidelines from time to time. Any new or modified policy will be circulated to staff before being adopted.

### 2.0 Health Referral Principles & Guidelines

According to guidelines from National Institute for Health & Care Excellence (2014) 'Exercise Referral Schemes should provide opportunities for individuals who are 'sedentary' or 'inactive' and have existing health conditions or other factors that put them at risk of ill health'<sup>1</sup>

If individuals are 'sedentary', 'inactive' but otherwise healthy; they should be encouraged to join leisure activities through mainstream membership offers and activities.

For the purpose of these guidelines, participants within Health Referral programmes should:

- Be 16\* years of age and over
- Be sedentary or inactive – doing less than 30 minutes of moderate intensity activity a week
- Have an existing health condition and/or any other associated risk factors such as overweight or obese, having raised blood pressure or cholesterol levels, or experiencing mild depression, anxiety, or stress

\*If accepting referrals from 16 years, please ensure your GP Referral Instructor has completed a recognised Level 2 in Exercise for Adolescence training course.

<sup>1</sup> [Overview](#) | [Physical activity: exercise referral schemes](#) | [Guidance](#) | [NICE](#)

## 2.1 Health Referral Pathways Design

Prior to establishing a Health Referral programme, it is important to establish what the Business Case for supporting its development is. Considerations might include:

- **Population needs**

Understanding the health needs of the local population is critical resources such as [Local Authority Health Profiles](#) from the Office for Health and Social Care or local Joint Strategic Needs Assessments to undertake research. Local Integrated Care Boards in your county will also have priority areas for health and wellbeing, as will local PCNs and Doctors surgeries.

- **Resources**

It is important to ensure that Health Referral programmes are commercially viable and sustainable. It is also important to consider staffing and how many staff at each site are appropriately qualified to deliver Health Referral programmes (and if the intention would be to absorb this delivery within existing shift patterns or pay for additional hours worked). Consider at this point building in a Health Referral Coordinator role (hours dedicated will depend on locality, could be 5 – 10 hours per week), to do scheme admin, establish, coordinate and grow local schemes.

- **Partnerships**

In many circumstances Health Referral programmes are part of a wider local partnership initiative or commission, often in collaboration with Active Partnerships or Local Authority clients some with funding through Public Health. Consider reaching out to local partners to understand the local landscape for delivery.

- **Local competitors**

Researching the local area to ascertain whether there are any other Health Referral programmes on offer is key, there may be other local offers out in a community setting to be aware of.

- **Objectives**

Health Referral programmes are centred on encouraging positive behaviour change, so part of the Referral process is about capturing the lifestyle behaviour that the individual is hoping to address and supporting this with conversation (Motivational Interviewing) and exercise prescription

## 3.0 Implementation

### Who can refer?

- NHS Registered Clinical professionals- GPs, practice nurses, social prescribers, specialist nurses, any allied health professional, i.e. occupational therapist, dietician, physiotherapist.  
Note: Where community based social prescribers are referring, this referral needs to be signed by a registered health professional.
- No self- referrals to be accepted

### How long is a referral valid for?

- 3 months, assuming nothing in that time has changed individuals need to be signed up and started a health referral scheme.

## How many times can someone be referred?

Please work locally to understand individuals needs based on what they are presenting with, use the following as a guide:

- Customers with multiple or longer-term health conditions can be referred into the Health Referral scheme more than once in a 12-month period. Assuming they have been officially referred and their attendance reviewed from previous referral programmes.
- Customers with lower risk i.e. MSK rehabilitation can only be referred for a single condition once, with no more than two referrals for different ailments in a 12-month period
- Local discretion on repeat referrals.

There are a number of things to consider which ensure the successful delivery of a quality-assured and robust Health Referral Scheme:

- **Key Stakeholders-** it's important to draft a Stakeholder Matrix, capturing key partners that will make a Health Referral programme successful. A Referral programme will be reliant on high numbers of good-quality referrals from Primary Care (GPs) and Secondary Care (hospitals). It's important to understand who key referrers will be and to also understand the broader health landscape in the local area, so there are clear and varied exit routes that can be offered to programme participants.

When initiating a Health Referral programme, it may be possible to co-produce aspects of a Health Referral Scheme with key stakeholders to ensure that the programme provided is appropriate. Key health partners might include Primary Care Networks, GP Surgeries, Practice

Managers, physiotherapists (MSK), specialist hospital units. Other partners to also consider include those delivering lifestyle services: smoking cessation, weight loss programmes, health checks and also midwives and community & voluntary organisations.

- **Design of Health Referral programmes-** Schemes should be designed locally and shaped based on research and need. Programme delivery models can vary; these guiding principles should be considered in each contract:
  - All programmes should have a client referral pathway with clear (and managed) points of access and appropriate exit routes
  - Programmes will be a maximum of 12 weeks in length, with an Initial Assessment in week one, a Mid-Point Assessment and a 12-week Evaluation assessment
  - A 'graduation' membership will be set and promoted to further support the transition out of the Health Referral Scheme, to help habit maintenance and retention
  - Participants will have unlimited access to the gym and swim to complete their health referral programme
  - Consideration given to additional health referral group classes i.e. circuits, standing circuits or group training facilitated by Level 3 GP Referral instructors, these are great at creating a community and allow social interaction between participants.
  - Ensure activities elsewhere in the centre are appropriately signposted into, to ensure that the customer is safe to participate i.e. swimming and group exercise.
- **Programme fees and Graduation memberships-** Programme fees should ideally offer participants a reduced rate on direct debit as well as PAYG option. No admin fees should be charged on top of this programme fee. Funded schemes should identify a way of processing those in need of financial support to ensure lower programme fees are offered to low-income groups. Graduate Health Memberships to be set up to allow the customer a reduced cost option for ongoing membership beyond the 12-week programme. Access to this membership needs to review after 12 months and may be a restricted for specific groups to a follow on 3-month offer i.e. physiotherapy referrals.

- **Receipt of Health Referrals-** it is crucial that a confidential and secure channel for receiving Referrals from health professional is established. This might take the form of a secure database or email. Paperless referrals are advised; no hard copy forms should be received or processed on site. There could be the opportunity locally to make use of a clinical software package such as **EMIS** or **EMIS Web** and **ReferAll** where access to these systems is built at a local level with referring partners.
- **Storage of Health Referrals-** health referral data should only be accessed via a Freedom Leisure laptop/ device and client-identifiable data should be secure and only ever shared with those individuals who are supporting the individual on their Health Referral journey. All staff should undertake GDPR Essentials & Advanced training and manage data in alignment with GDPR policies and procedures. Where evaluation forms and assessment forms are stored on site, they should be stored in a locked cupboard behind a locked door. Where we have access to web-based referral systems, all processes should be followed to ensure safe use of client – identifiable data, with agreements in place locally to manage data across organisations.
- **Recruitment and training of Health Referral staff-** it is important that all staff working within Health Referral programmes hold a recognised Level 3 GP Referral qualification. Individuals delivering consultations and classes should also ideally have experience of delivering and managing lifestyle interventions and be aware of various Behaviour Change techniques such as Motivational Interviewing to support participants referred. It is a recommendation that Health referral staff (L3 GP Referral Instructors) are individually registered with CIMSPA.
- **Marketing & communications-** Health Referral sessions and/ or classes should be clearly communicated to potential referring partners. Materials used should be engaging, informative and representative of local populations. The use of a generic Health Referral email for the contract should be considered e.g. [Healthreferralcotswold@freedom-leisure.co.uk](mailto:Healthreferralcotswold@freedom-leisure.co.uk)

## 4.0 Safety

### 4.1 Staffing

- There must be a dedicated Health Referral Coordinator who is responsible and accountable for coordinating delivery at a site level. This individual must be known to Centre and Area Managers as the key contact. When a new scheme is set up, it is best to identify a Health Referral Coordinator and allocate admin hours to that role to support the set-up, to coordinate delivery & staff and grow the local scheme.
- All instructors delivering Health Referral programmes must be qualified as a minimum to Level 3 and Level 4 for Specialist pathways when appropriate.
- All instructors should hold a valid and current First Aid certificate.
- Staff qualifications/ certificates must be held at a site level- ideally scanned and saved.
- All instructors should hold a valid Enhanced DBS check, which should be renewed in line with the DBS Checks Policy
- It is recommended that GP Referral instructors are individually registered with CIMSPA.

## 4.2 Managing Risk

---

- The Health Referral Coordinator must ensure that there are current Risk Assessments and Operating Procedures available at a site level that have been read and reviewed by all staff involved in the delivery of Health Referral programmes within their respective area as part of an initial induction process and annual appraisal.
- Risk Assessments and Operating Procedures **must** be reviewed and updated annually or as and when an incident/ accident occurs to ensure they remain current and relevant.
- Staff **must** sign or respond via email that they have reviewed all appropriate documentation to ensure compliance and support managing risk.
- The Health Referral Coordinator must ensure that all participants have completed a Health Referral Screening Form, checking responses to ensure they are safe to proceed with their referral.
- Referred clients who attend sessions in a gym must attend an induction and receive a personalised programme before they can attend an unsupervised session in the gym, whereby going forward they must adhere to the prescribed programme of exercises.
- Referred clients should only attend group exercise sessions led by Level 3/4 Instructors as part of the Health Referral programme for the first 12-weeks (excl. swimming). Following 'graduation' participants can access all classes if safe to do so.

## 4.3 Equipment

---

It is the responsibility of the Health Referral Lead to ensure that all the necessary equipment is available and in good-working order prior to the commencement of a Health Referral programme. Equipment required may include:

- Laptop- used to store and secure client identifiable data. ICT equipment used, will be provided by Freedom Leisure and data stored should be done so in alignment with General Data Protection Regulation policies and procedures.
- Measuring equipment (including scales)- it is the Health Referral lead's responsibility to ensure that if electronic measuring equipment is utilised as part of a programme, that they are appropriately checked and calibrated to ensure safety and accurate readings.
- Storage- in alignment with GDPR policies and procedures, it is important where possible, to avoid storing paper-copies of client referral data. Where this is unavoidable, access to data should be limited to those that require it and data should be stored in an appropriate secure and locked cabinet with one key available (that is secured when not in use), preferably in a locked office
- All sessional instructors must conduct a visual inspection of the equipment to ensure that it is safe for use. Checks should be made for damage, wear, tear, cracks, chips, sharp edges etc as well as missing safety clips. Any defect should be logged and reported immediately. Faulty equipment should be removed from use, and if necessary, the activity should not proceed.

## 4.4 Inclusion & Exclusion criteria

---

- All programmes should have a clear Inclusion & Exclusion criterion in alignment with national guidance. See [Appendix A](#)

## 4.5 Pre-exercise Assessment

- All Health Referral participants should have a pre-exercise assessment to ensure that Health Referral information is accurate and to obtain further information that might inform exercise prescription. Data captured at baseline should include:
- Check Health Referral Form for accuracy and to ensure no important information is missing (including contact details, medical information, referral information and consent)
- All participants must complete an Informed Consent
- All participants must complete baseline testing- which could include height, weight, blood pressure, resting heart rate, waist circumference, fitness test for example, 1 minute step test or 6-min walk test.
- All participants must complete some form of goal setting, outlining what they'd like to achieve from attending the programme
- All participants must provide information on baseline Physical Activity Levels
- All participants must provide information on baseline mental wellbeing
- All participants must complete a Health Commitment Statement

All Health Referral Instructors receiving this information must ensure that the participant doesn't have any contraindications to exercise and risk stratify the individual to ensure that are able to exercise safely and appropriately.

## 5.0 Delivery

- All participants as a minimum must have an:
  - 1) **Initial Assessment** – to include a 1-2-1 to set tailored programme and Gym Induction with a Level 3/4 Instructor
  - 2) **Mid-point Assessment**- this might be a review with an instructor/ programme administrator
  - 3) **Evaluation**- this would be an end assessment with a qualified instructor to discuss progress to date, future goals and exit routes
- Engagement with participants should involve motivational interviewing and conversations underpinned by behaviour change principles and coping strategies to prevent relapse
- Participants should be encouraged to be physically active and not reliant on Health Referral sessions. Upon exiting Health Referral programmes, participants should be informed about various 'Graduate' membership options in addition to activities and opportunities that are appropriate beyond a leisure setting and potentially supported/ led by trusted partners.
- All participants should complete a final evaluation and given an opportunity to provide feedback about the programme, experience and impact the service has made
- Consider communication back to referrer at the end of an individual's programme to notify of any changes to health and wellbeing. This may be required in funded schemes.

## 6.0 Sharing Best Practice

- Instructors are encouraged to complete case studies with those participants that are happy to share their feedback and these should be collated by the Health Referral Lead to be shared centrally and with Clients and/ or via marketing materials with consent and where appropriate
- Health Referral Leads are encouraged to share good practice and outcomes internally to support continued service development
- Health Referral leads and instructors are encouraged to communicate with colleagues in similar roles via the Microsoft Team Health Referral channel
- It is best practice to offer additional consultations with individuals after they have graduated from your scheme and have taken up a 'graduation membership', these are a great tool to check in on individual progress, offer advice and to change programmes all helping to enhance healthy and active lifestyles and aid member retention.

## 7.0 Quality Assurance

- Health Referral Coordinators should monitor service data as a minimum quarterly to review processes, participant data and feedback, engage with instructors and amend delivery when appropriate, to ensure that the programme remains quality-assured and client-focused.
- Health Referral Coordinators should ensure that there are regular team meetings to facilitate Health Referral staffing teams coming together to receive programme updates, share good practice and raise concerns
- Staff should be encouraged to have peer-to-peer support in the form of observations completed by either Referral Leads or other Instructors a minimum of once a year
- Health Referral Coordinators should stay abreast of the latest guidance and best practice associated with the delivery of Health Referral programmes.

## 8.0 Information Governance

- Data collected via Health Referral programmes should be done so in accordance with General Data Protection Regulations (GDPR) and Freedom Leisure's GDPR policy and framework
- Data collected should be minimised and relevant; and a Data Privacy Impact Assessment should be in place to support every programme
- Ensure Data Sharing Agreements with partners are in place
- All staff involved in Health Referral data management, coordination and delivery should undertake GDPR training (Essentials & Advanced)
- All data should be kept securely and scanned and saved where possible to do so
- Files should be password protected and limited access should apply i.e. accessed by only those who require this information
- Data collected should be stored for 3 years

## 9.0 Promotion

- All sites should be using appropriate branded Freedom Leisure marketing materials
- For forms/ webpages that are capturing data, all participants should be informed about the Freedom Leisure Privacy Policy and aware that they can request their data at any time
- Membership prices should be clear and easily communicated to participants entering and exiting Referral programmes

## 10.0 Monitoring & Evaluation

- All Health Referral clients should have baseline and follow up data collected (12-weeks); programmes should also have mechanism in place for capturing data at 12-months
- Client data collected should include:
  - Age
  - Postcode
  - Gender
  - Ethnicity
  - Disability/ Additional needs
  - Carer details
  - Whether the individual is pregnant
  - Reason for Referral and any other medical conditions
  - Emergency contact details
  - Measurements: Weight/BP etc
- Systems should enable Health Referral Coordinators to be able to confirm (as a minimum dataset):
  - Number of Referrals received
  - Number of Referrals invited to attend
  - Number of Referrals starting the programme (attending Assessment One)
  - Number of Referrals attending the Mid-Point Assessment
  - Number of Referrals dropping out (and reasons for doing so)
  - Number of Referrals completing the programme
  - Goal setting
  - Baseline and follow-up physical activity levels
  - Baseline and follow-up mental wellbeing
  - Programme satisfaction
  - Class/ session attendances

## 11.0 Reporting

- All reports should collate non-identifiable datasets that provide headlines of who has attended and any relevant outcomes.
- An example Reporting Template can be found on the Healthy Communities SharePoint page.

## 12.0 Training & Development

All staff managing, coordinating and delivering Health Referral programmes should attend <b>Mandatory training:</b>	All staff managing, coordinating and delivering Health Referral programmes should attend <b>Role-specific training:</b>
<ul style="list-style-type: none"> <li>○ Corporate Induction</li> <li>○ Environmental Awareness</li> <li>○ Equality, Diversity &amp; Inclusion</li> <li>○ Health &amp; Safety Essentials (Level 1)</li> <li>○ Health &amp; Safety for Managers/ Supervisors (Level 2)</li> <li>○ Sexual Harassment Awareness</li> </ul>	<ul style="list-style-type: none"> <li>○ Customer Awareness</li> <li>○ Customer Service</li> <li>○ Disability Awareness &amp; Inclusion</li> <li>○ First Aid Appointed Person</li> <li>○ GDPR Essentials &amp; Advanced</li> <li>○ Risk Assessment</li> <li>○ Safeguarding for Adults</li> <li>○ Safeguarding for Children</li> </ul>

- Additional training is to be identified at a site level, where there is a need to recruit new, or expand the scheme additional training courses will help to ensure there is the correct workforce in place to manage such scenarios. Grants to upskill existing instructors may be available locally from partners, these can be used for paying for qualifications, ensure there is training agreement in place where applicable.
- Consider mentoring newly qualified staff, to ensure they feel confident and supported in their new roles. If this isn't available in your contract, seek support from another local contract.

**Amendments**

VERSION HISTORY				
VERSION	APPROVED BY	REVISION DATE	DESCRIPTION OF CHANGE	AUTHOR

**Approval**

<b>Authorised by:</b>	<b>Ivan Horsfall-Turner</b>
<b>Signature:</b>	  <b>02/11/2025</b>

## Appendix I – Risk Stratification – Health Referral Pathway

Low Risk (Inactive)		Scheme Outline
Overweight / Obesity	No complications. BMI >30	<b>Staff:</b> GP Referral level 3  <b>Referral:</b> Signposted by HCP a Social Prescriber or Health and Wellbeing Coach  <b>Scheme Length:</b>  3-month programme
High Normal Blood Pressure	(130 -139/85-89) No medication controlled	
Prediabetic / Type 2 Diabetes	Prediabetic - Fasting glucose level of 5.5 – 6.9 mmol/l or an HbA1c level of 42 – 47 mmol/mol (6.0 – 6.4%)  Type 2 - Diet controlled	
Sedentary (Inactive)	Adults 16+ and classified as inactive – fewer than 30 minutes a week of physical activity	
Musculoskeletal	Mild to moderate; muscular back pain, rheumatoid arthritis, osteoarthritis, hip conditions, joint replacement, knee conditions, lower back pain	
Mild bone density changes	BMD>1 SD and <2.5 SD below young adult mean BMD = Bone Mineral Density SD = Standard Deviation	
Exercise induced asthma	Without other symptoms	
Smoker (attempting to quit)	Practicing behaviour change for a healthier lifestyle. With no known impairment or respiratory function.	
Stress/Depression	Non-medicated, mild to moderate depression, stress, anxiety. Score 0 – 14 on PHQ-9 Scale.	

Medium to High Risk		Scheme Outline
Joint replacement	Must be 3 months + post op	<p><b>Staff:</b> Level 3 GP Referral Instructor</p> <p><b>Referral:</b> By a qualified health professional.</p> <p><b>Membership Recommendations</b></p> <p>3-month referral payment with an additional 9-month extension on a 'graduate' membership.</p>
Simple mechanical back pain	In absence of red flags, these are international recognised as precluding an individual from exercise referral in the case of simple mechanical back pain as they indicate the likely need for higher need for higher level care	
Neurological conditions	Dementia, Multiple sclerosis, Parkinson's disease, spinal cord injuries	
Cancer	In remission for 6 months	
Chronic Fatigue Syndrome	Significantly deconditioned due to long standing symptoms	
Depression & Anxiety	Moderate	
Rheumatoid arthritis	Medication controlled and not in active/flare up	
COPD moderate	Severe disease may require further assessment.	
Angina	Stable angina	
Stroke	It is expected that rehabilitation has been completed. For high-risk referral's, physiotherapist will attend the gym induction with the individual	
Peripheral arterial disease Build-up of fatty deposits in the arteries restricts blood supply to leg muscles.		

High Risk		Not Suitable
Older people >65 yrs at risk of falls.	Frail older people with osteoporosis and history of fracture	These conditions listed are deemed High Risk and such would not be suitable for the Freedom Lifestyle and Health Pathway.
Unstable and uncontrolled cardiac disease		
Orthostatic hypotension	Fall SBP – 20mg/Hg within 3mins of standing	
Stroke / TIA	Recent (>3 months)	
Severe Osteoarthritis/Rheumatoid arthritis	With associated mobility	
Type 1 or 2 Diabetes (Advanced)	With associated mobility	
COPD/ emphysema	Disease must be stable and controlled	
AIDS	With accompanying neuromuscular complications, sever depletion of CD4cells, malignancy or opportunistic infection	

### Risk Stratification Continued - Exemptions

#### Exempt from Freedom for Health Pathway

Individuals are not eligible for Freedom Lifestyle and Health Pathway if they have one or more of the following conditions:

- Resting heart rate > 100 bpm
- Resting (after 5 mins) systolic blood pressure > 180mmHg or diastolic blood pressure > 100
- Recent electrocardiogram changes suggesting recent myocardial infarction
- Significant drop on BP during exercise
- Pain, dizziness, or excessive breathlessness on exertion
- Uncontrolled arrhythmia, hypertension and/or diabetes
- Unstable angina
- Acute myocarditis or pericarditis
- Acute pulmonary embolus or pulmonary infarction
- Suspected or known dissecting aneurism
- Acute infections
- Uncontrolled visual or vestibular disturbances
- Recent injurious fall without medical assessment
- Restricted mobility requiring one to one support