



Tifton Fitness & Wellness Center

MEMBER INFORMATION

Name _____ SSN _____ - _____ - _____

Home address _____

City, State Zip _____

Billing address _____

City, State Zip _____

Phone _____ - _____ - _____ Alternate phone _____ - _____ - _____

Date of birth ____ / ____ / ____ Age ____ Gender ____

Physician _____ Phone _____ - _____ - _____

Emergency contact _____ Phone _____ - _____ - _____

Emergency contact _____ Phone _____ - _____ - _____

HEALTH HISTORY QUESTIONNAIRE

Regular physical activity is safe for most people. However, some individuals should check with their doctor before they start an exercise program. To help us determine if you should consult with your doctor before starting to exercise with Tifton Fitness & Wellness Center (TF&WC), please read the following questions carefully and answer each one honestly.

Your medical history is an important factor in the development of your fitness program. Certain medical/physical conditions that are known to you and are not disclosed may result in serious injury. You will assume all risk of injury resulting from failure to disclose accurate, complete, and updated information in accordance with the following questionnaire. All information will be kept confidential. (Please initial: _____)

HISTORY

Have you ever had a:

YES NO heart attack
 YES NO heart surgery
 YES NO cardiac catheterization

Have you ever had a:

- YES NO coronary angioplasty (PTCA)
 YES NO pacemaker / implantable cardiac
 YES NO defibrillator / rhythm disturbance
 YES NO heart valve disease
 YES NO heart failure
 YES NO heart transplant
 YES NO congenital heart disease
 YES NO stroke or "mini" stroke
 YES NO doctor say that you should only do physical activity while being supervised by a professional

Do you:

- YES NO experience chest discomfort when doing physical activity
 YES NO experience unreasonable breathlessness
 YES NO experience dizziness, fainting, or blackouts
 YES NO take heart medications
 YES NO have diabetes
 YES NO experience seizures
 YES NO have asthma or other lung disease
 YES NO have burning or cramping sensation in your lower legs when walking short distances
 YES NO have bone or joint problems that limit your physical activity
 YES NO think you may be pregnant
 YES NO have concerns about the safety of exercise
 YES NO take medication(s) – please list any medication and its purpose:
-
-
-

RISK FACTORS**Do you:**

- YES NO smoke, or have you quit smoking within the past 6 months
 YES NO experience chest pain when you are not doing physical activity
 YES NO have high blood pressure
 YES NO take blood pressure medication
 YES NO have high cholesterol
 YES NO have a father/brother who had a heart attack or heart surgery before age 55
 YES NO have a mother/sister who had a heart attack or heart surgery before age 65
 YES NO frequently lose your balance

Are you:

- YES NO a man older than 45 years
 YES NO a woman older than 55 years, have you had a hysterectomy, or are you postmenopausal
 YES NO physically inactive (less than 30 minutes of physical activity on at least 3 days per week)
 YES NO more than 20 pounds overweight
 YES NO aware of any other reason why you should not do physical activity

What are your specific health/fitness goals? _____

Have you *ever* been a member of TF&WC? YES NO

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PAYMENT POLICY

Memberships are on a month-to-month basis. TF&WC bills at the first of every month for that month. If you know that you will not be coming to the facility, let us know in writing before the first of the month by filling out a "membership hold slip." We will put your account on hold for the amount of time you specify (in half a month or one month increments) and you will not be charged. Hold slips are located at the sign-in table. If you do not let us know in writing before the first of the month that you will be gone, *you will be charged and you will be responsible for the balance.* Members participating in a prepayment plan, redeeming gift certificates, or utilizing a special promotion offer are not allowed to place their membership on hold during that time. (Please initial: _____)

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INFORMED CONSENT AGREEMENT AND RELEASE OF LIABILITY

In consideration of gaining membership or being allowed to participate in the activities and programs of TF&WC and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge TF&WC and its officers, agents, employees, representatives, executors, and all others from any and all responsibility or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above-mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those cause by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of TF&WC or the use of any equipment at TF&WC. (Please initial: _____)

I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death. (Please initial: _____)

I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any of the activities and programs of TF&WC or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in a n exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and the use of exercise and training equipment so that I might have recommendations

concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given any physician's permission to participate, or that I have decided to participate in activity and/or use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities. (Please initial: _____)

I hereby consent to voluntarily engage in a fitness evaluation, including exercise testing, body composition determination, muscular strength and endurance testing, and flexibility testing. This information will serve as the basis for prescribing various physical activities in which I may engage. I may voluntarily terminate any test at any time. (Please initial: _____)

- I have completed the *member information* accurately.
- I have read, understood, and completed the *health history questionnaire* to the best of my knowledge and assume all risks of injury resulting from inaccurate information.
- I understand and agree to the conditions of the *payment policy*.
- I have read, understood, and agree to the *informed consent agreement and release of liability*.

Signature _____ Date _____

STAFF USE ONLY

Initial Assessment Notes _____

RHR: _____ BP: _____

Height ___' ___" Weight _____ lbs

Physician release required?

____ NO
____ YES

____ Cleared to exercise by Dr. _____ on _____ (date)
____ Not cleared to exercise by Dr. _____ on _____ (date)
Reason given _____

Staff Signature _____ Date _____

Exercise Rx _____

