Health & Fitness Activity History & Release Form

Name:_______________________________________ Date:______________ Phone:_______________________

Address:_______________________________________City: ___________________ State: _____ Zip: _______

Age:_____________ Birthdate:____________________ Sex: _________ Height:_________ Weight: _________

1. Has your physician ever advised you against exercise? _____ Yes _____ No

If yes, why?____

2. Do you have any of the following conditions that may limit your physical activity?

_____ Arthritis _____ Ankle/Foot Injury _____ Shoulder Injury

_____ Knee/Thigh Injury _____ Arm/Elbow Injury _____ Head/Neck Injury

_____ Upper Back Injury _____ Wrist/Hand Injury _____ Hip/Pelvic Injury

_____ Nerve Damage _____ Low Back Pain _____ Other

If Other, please explain:____

____

3. Are you presently receiving physical therapy? _____ Yes _____ No

If yes, why?____

4. Are you presently taking any medications? _____ Yes _____ No

If yes, what?____

____

____

5. When exercising, including walking on level or uneven ground, climbing stairs, carrying items such as groceries, or getting out of a chair, do you experience any of the following?

_____ Chest Pains _____ Shortness of Breath _____ Loss of Balance

_____ A Tired-Out Feeling _____ Leg Aches _____ Dizziness

6. How would you rate the amount of physical activity involved in your daily routine?

______ Very Little ______ Little ______ Moderate ______ Active ______ Very Active

7. Are you involved in an exercise program at the present time? ______ Yes ______ No

If yes, please describe the program:____

____

8. What are your personal exercise program goals?

______ Cardiovascular Conditioning ______ Increase Flexibility ______ Increase Strength

______ Increase Energy ______ Maintain Fitness Level ______ Improve Balance

______ Retain Independence ______ Improve Posture ______ Weight Control/Loss

______ Stress Reduction

If other please specify:____

9. Which days and times are best for you?

Day		Time	Day		Time
Monday	______	_____	Thursday	______	_____
Tuesday	______	_____	Friday	______	_____
Wednesday	______	_____			

10. What exercise equipment have you used or are currently using if any?________________________________

____

11. Any additional information, goals, or comments before beginning your exercise program? ____________________

____

Release Form - I understand and agree that there are risks, foreseeable and unpredictable, associated with any exercise program. I am aware of these risks and agree that my participation is at my own risk. I also agree that the United Presbyterian Home's facility, the employees, members or volunteers, shall not assume or have any responsibility or liability for expenses or medical treatment or compensation for any injury I may suffer during or resulting from my participation in any of the Wellness Center's exercise programs.

I also represent and warrant that I have been advised to seek consultation from my doctor about whether I can safely participate in this program and whether there are precautions or limitations to my participation.

____ ______________________________

Participant Signature Date

____ ______________________________

Witness Date