

HEALTH SCREENING QUESTIONNAIRE

Please answer the following medical screening questionnaire as completely as possible. The health information you provide will enable our staff to better respond to your exercise in a safe and efficient manner. Questionnaire will be kept in confidence. Thank you for your cooperation.

Today's Date: _____

Last Name _____ First Name _____ MI _____

Date of Birth _____ Home Phone _____ Work Phone _____

Email Address _____

Street Address _____ City _____ State ____ ZIP _____

Physicians Name _____ Physicians Phone _____

Person to notify in case of emergency _____ Phone _____

Relationship _____

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

Many health benefits are associated with regular exercise and the completion of PAR-Q is a sensible first step to take if you are planning to increase the amount of physical activity in your life.

For most people activity should not pose any problem or hazard. PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

Common sense is your best guide in answering these few questions. Please read them carefully and check the correct answer opposite the question if it applies to you.

YES NO

- | | | |
|-----|-----|--|
| ___ | ___ | 1. Has your doctor ever said you have heart trouble? |
| ___ | ___ | 2. Do you frequently have pains in your heart or chest? |
| ___ | ___ | 3. Do you often feel faint or have spells of severe dizziness? |
| ___ | ___ | 4. Has your doctor ever said your blood pressure was too high? |
| ___ | ___ | 5. Has your doctor ever told you that you have bone or joint problems such as arthritis that has been aggravated by exercise or might be made worse with exercise? |
| ___ | ___ | 6. Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to? |
| ___ | ___ | 7. Are you over the age of 65 and not accustomed to vigorous exercise? |

If you answered yes to one or more of the above-referenced questions:

If you have not recently done so, consult with your personal physician by telephone or in person before increasing your physical activity. Tell your physician what questions you answered "yes" to on PAR-Q or present your PAR-Q copy.

After medical evaluation, seek advice from your physician as to your suitability for:

- Unrestricted physical activity starting off easily and progressing gradually, and
- Restricted or supervised activity to meet your specific needs

If you answered no to all of the above-referenced questions:

If you answered PAR-Q accurately, you have reasonable assurance of our present suitability for:

- A graduated exercise program-gradual increase in proper exercise promotes too fitness development while minimizing or eliminating discomfort – and
- A fitness assessment standardized test of fitness

Postpone beginning an exercise program if you have temporary minor illness, such as a common cold.

GENERAL MEDICAL HISTORY

Are you currently or have you ever been under the care of a physician or health practitioner for any medical related problem? Yes No

If yes, please explain _____

Are you currently taking any medication, either prescribed or over the counter? Yes No

If yes, provide the name(s) and dosage: _____

Please name any medication to which you are allergic: _____

Do you have a difficult time concentrating? Yes No

Do you have frequent headaches or muscle aches? Yes No

Females: Are you pregnant or within six (6) months post-partum? Yes No

Please list any injuries which may cause pain or restrict exercise: _____

Signature

Date

INFORMED CONSENT AND RELEASE FOR ADULTS

I recognize that exercise is not without risk to the musculoskeletal system (sprains, strains) and cardiovascular system (dizziness, fainting, abnormal heart beat, discomfort in breathing, abnormal blood pressure, and in rare instances heart attack and stroke) I hereby certify that I know of no medical problems, except those listed on the questionnaire that would increase my risk of illness or injury as a result of participation in a regular exercise program. I have answered the preceding questions to the best of my ability. I further understand that if I am at high risk for any exercise (ie: heart disease, diabetes, hypertension, anorexia/bulimia, etc) that I will be required to secure a medical release and/or clearance from a physician prior to beginning an exercise program with Strong For Life and any trainers associated with Strong For Life. Finally, I acknowledge that it is my responsibility to inform all health/fitness instructors offering advise if my health status changes in any way from the completion date of this form.

Signature

Date

PARENTAL CONSENT FOR MINORS

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, even if arising from their negligence, to the fullest extent permitted by the law. I have instructed the minor participant as to the above warnings and conditions and their ramifications.

Signature

Date

FINANCIAL POLICY STATEMENT

All fees due to Strong For Life are due at the time of service. Any cancellations require a 24 hour notice to avoid being charged for a full session.

I have read and understand the aforementioned financial policy statement and will be responsible for payment.

Signature

Date