

2021 Health History

Please complete BOTH SIDES of this form, and return it prior to your first exercise session.

Last name: _____ First name: _____ M.I. _____

Street address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Primary phone: _____ Email: _____

Date of birth (mm/dd/yyyy): _____ Age: _____ Gender: M F

Emergency contact: _____ Phone: (____) _____

Physician name: _____ Phone: (____) _____

Are you currently under a doctor's care? Y N If yes, list reason: _____

Personal Medical History: Check any that apply

- | | |
|---|---|
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Cancer: Type _____ |
| <input type="checkbox"/> Heart Attack – Date: _____ | <input type="checkbox"/> Diagnosis Date: _____ |
| <input type="checkbox"/> Bypass Surgery – Date: _____ | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Heart Surgery – Date: _____ | <input type="checkbox"/> Joint Pain |
| <input type="checkbox"/> Congenital Heart Disease | <input type="checkbox"/> Joint Replacement: Type _____ |
| <input type="checkbox"/> Pacemaker – Implant Date: _____ | <input type="checkbox"/> Date: _____ |
| <input type="checkbox"/> Stroke – Date: _____ | <input type="checkbox"/> Muscle Pain or Injury |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Back Pain or Injury |
| <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Diabetes: ___ Type I ___ Type II | <input type="checkbox"/> Epilepsy or Seizures |
| <input type="checkbox"/> Diagnosed Hypoglycemia | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Smoker: Number per day _____ | <input type="checkbox"/> Unusual fatigue or Shortness of breath |
| <input type="checkbox"/> Obesity | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> Women – pregnant | Other: _____ |

Please list any serious illness, hospitalization or surgical procedures in the past 2 years: _____

Please list any regular medications and reasons for taking: _____

Please list any drug allergies: _____

Do you currently exercise on a regular basis? Y N If yes: Times per week _____ Duration _____

Do you have any restrictions with exercise that we should know about? _____

Fitness Center Rules

- You must be 13+ years of age to use the Fitness Center unaccompanied.
- Youth 11 & 12 years old are permitted in the Fitness Center with an adult.
- Shirts must be worn at all times, and shorts must completely cover the buttocks.
- Attire must be free of offensive language and/or symbols.
- Proper, full-coverage athletic footwear with rubberized soles must be worn at all times.
- When using weights, allow others to “work in” when performing multiple sets.
- Deadlifts must be performed on the platform.
- **Return all equipment to their appropriate storage areas after use.**
- Members using equipment improperly will receive one warning. A second offense will result in loss of membership.
- Cardiovascular workouts should be limited to 30 minutes during peak hours.
- Wipe all equipment after use. If applicable, wipe the floor too.
- Adhere to the instruction offered by our professional staff on activities they deem unsafe.
- Only squeeze water bottles or capped bottles are permitted.
- Food is prohibited.
- Foul language and horseplay are prohibited.
- Hempfield recCenter is not responsible for lost or stolen items. Please secure your valuables.

New Member Orientations: Children 16 years of age and under MUST complete an orientation to use the facilities.

We will call you to schedule this appointment. An orientation is optional for all other members. A one-on-one orientation includes guidance regarding cardio equipment, the selectorized weight training stations, and flexibility work. If you are interested in an orientation, please contact Jamie McGlaughlin at 717-898-3102, x138.

I attest that the above information is true to the best of my knowledge. By signing this document, I acknowledge that I have voluntarily chosen to participate in a program of physical exercise. I understand and am aware that cardiovascular, strength, flexibility exercise, including the use of equipment, is a potentially hazardous activity, involving risk of injury and even death. By signing this document, I assume all risk for my health and wellbeing while utilizing the fitness center and hereby waive any claim for bodily injury or property damage against the Hempfield recCenter, its agents, servants and/or employees. I attest that I have read and will adhere to the Fitness Center Rules. I also understand that if I have any changes to my health status, I will inform the Fitness Center staff if I need assistance and/or modifications to my fitness routine.

Participant Signature: _____ Date: ____/____/____

If under 18, Parent/Guardian Signature: _____ Date: ____/____/____

Staff Use

Member contacted by: _____ on Date: ____/____/____

Orientation scheduled for date: ____/____/____

Orientation completed by: _____ on Date: ____/____/____