

2023 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

_____ Heart Disease
_____ Heart Attack – Date: _____
_____ Bypass Surgery – Date: _____
_____ Heart Surgery – Date: _____
_____ Congenital Heart Disease
_____ Pacemaker – Implant Date: _____
_____ Stroke – Date: _____
_____ High Blood Pressure
_____ High Cholesterol
_____ Diabetes: _____ Type I _____ Type II
_____ Diagnosed Hypoglycemia
_____ Smoker: Number per day _____
_____ Obesity
_____ Women – pregnant

_____ Cancer: Type _____
_____ Diagnosis Date: _____
_____ Arthritis
_____ Joint Pain
_____ Joint Replacement: Type _____
_____ Date: _____
_____ Muscle Pain or Injury
_____ Back Pain or Injury
_____ Asthma
_____ Epilepsy or Seizures
_____ Osteoporosis
_____ Unusual fatigue or Shortness of breath
_____ Multiple Sclerosis
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: _____

(OVER)



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? _____

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

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.

Would you like to schedule a New Member Orientation? Y N

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.

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: ____/____/____ Time: _____

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