

**2022 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**

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

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? \_\_\_\_\_

**New Member Orientations:** Children 16 years of age and under 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

Orientation completed by: \_\_\_\_\_ on Date: \_\_\_\_/\_\_\_\_/\_\_\_\_