

Physical & Respiratory Therapy Services, LLC

Medical Wellness Center

Name _____ DOB _____ Today's Date _____
Address _____ City _____ ST _____ Zip _____
Home Phone _____ Emergency Contact Name _____
Emergency Phone _____ email _____
Sex: M F Doctor's Name _____

Health History

Known health problems: Heart Disease Yes ___ No ___ Type _____
High Blood Pressure Yes ___ No ___

Please list any other disease you have: _____

Any symptoms? Chest pains Yes ___ No ___ Back pain Yes ___ No ___
Joint pain Yes ___ No ___ Other pain Yes ___ No ___ If yes, where _____

Use any medications? Yes ___ No ___

If yes, please list: _____

Any known degenerative bone or joint disease? Yes ___ No ___

If yes, please list: _____

Do you have arthritis in any joints? Yes ___ No ___

If yes, please list: _____

Have you told your doctor you are participating in this program? Yes ___ No ___

Do you have diabetes, high blood sugar, or sugar in the urine now? Yes ___ No ___

Has there been more than one heart attack, coronary attack, or person with heart trouble in your family before age 60 (blood related)? Yes ___ No ___

Do you smoke? Yes ___ No ___ If yes, how much? _____ How long? _____

Have you been found to have elevated blood cholesterol and advised to take drugs or modify your diet for this problem? Yes ___ No ___

Have you been told by a physician that you have an abnormal EKG and/or heart disease such as myocardial infarction or arteriosclerosis? Yes ___ No ___

Participant Informed Consent

Physical & Respiratory Therapy Services ~ Medical Wellness Center and Falls City Fitness Centers support the practice of safety for persons participating in this exercise program. Please read the following procedure description. If you have questions, please ask.

Your participation in this program is voluntary and you may withdraw at anytime. The program is self paced and designed to let the participant determine what he/she can do and when it is time to stop. The expected benefits associated with your participation include: increased flexibility, increased strength, improved cardio-respiratory endurance, and better circulation. There are acute risks in an exercise program. These may range from abnormal cardiovascular functions such as heart rate and blood pressure, to sore, cramping muscles. Even though these risks exist, the likelihood of severe problems is minimal. This is why we suggest you follow the Program Entry Guidelines. This program should not result in physical injury to the participant. However, if injury does occur, the participant must look to his/her own resources or insurance policies for compensation. We have reduced the risk factors to the best of our ability. Please give your consent with full knowledge of the nature and purpose of the program; the benefits you may expect; and the risk which may be encountered. We appreciate your assistance and participation.

This agreement is made upon the express conditions that the Hiawatha Athletic & Fitness Center and /or the Falls City Fitness Center and employees shall be free from all liabilities and claims for damage and/or suits by reason of injury, or death to any person or property of the Permittee, it's agents or employees, or third parties, from any cause or causes whatsoever while in or upon said premises or any part thereof during the term of this agreement or occasioned by any occupancy or use of said premises or any activity carried on by the Permittee in connection herewith, and the Permittee hereby covenants and agrees to indemnify, defend, save and hold harmless the Hiawatha Athletic & Fitness Center and/or the Falls City Fitness Center and employees from all liabilities, charges, expenses, and costs on account of or by reason of any such injuries, deaths, liabilities, claims, suits or losses however occurring or damages growing out of the same

Signature

Date

Medical Clearance Guidelines

Because of the acute risks involved in participation in exercise classes, medical guidelines have been established by Kenneth Cooper, M.D., from the Aerobic Center in Dallas, Texas. Dr. Cooper suggests:

- Under 30: You can start exercising if you've had a checkup within the past year and the doctor found nothing wrong with you.
- 30 to 39: You should have a check up within three months before you start exercising. The examination should include an electrocardiogram (EKG) taken at rest.
- 40 to 59: Same as for the 30-39 group with one important addition. Your doctor should also take an EKG to check your heart while you are exercising. Your pulse rate during the test should approach the level it would during aerobic workouts.
- Over 59: Same as for the 40-59 group except that the examination should be performed immediately before embarking on any exercise program.

Please sign the appropriate form below

Physician Waiver: (You should choose this if you have been to see the doctor in the last 3 months)

I understand the need for program entry guidelines and medical clearance. Even though my present health status may suggest a physician's clearance, I wish to participate in a physical fitness program at the Hiawatha and Falls City Fitness Centers at my own risk. I agree to indemnify and hold harmless the instructor and the Hiawatha and Falls City Fitness Centers. In case of injury, I hereby waive all claims against the organizers and/or instructor.

Participant's Signature

Date

Physician Clearance: (You should choose this if you have not been to see the doctor in the last 3 months)

After reading the foregoing guidelines, I have visited my physician. My physician and I agree that I am physically able to participate in a physical fitness and exercise program which is monitored by heart rate and perceived exertion.

Participant's Signature

Date

Physician's Signature
