

Please circle yes or no to the following questions:

Date: _____

Pass Holder Name: _____

Yes or No 1. Are you age 50 or older?

Yes or No 2. Do you have a heart condition?

Yes or No 3. Do you have high blood pressure?

Yes or No 4. Have you had a stroke?

Yes or No 5. Do you have asthma?

Yes or No 6. Do you have diabetes?

Yes or No 7. Do you have emphysema?

Yes or No 8. Are you pregnant?

Yes or No 9. Do you have epilepsy?

Yes or No 10. Are you currently under the care of a health professional such as a medical doctor, chiropractor, physical therapist, psychologist, etc for a condition that might influence your ability to engage in a regular exercise program?

Yes or No 11. Are you currently taking a prescribed medication to control blood pressure, cholesterol, a heart condition, asthma, etc?

Yes or No 12. Do you feel pain in your chest either when doing activity or not doing activity?

Yes or No 13. Do you ever lose consciousness or do you ever lose your balance due to chronic dizziness?

Yes or No 14. Are you currently being treated or in the past been treated for a musculoskeletal problem or orthopedic problem that restricts you from engaging in certain physical activities (IE: slipped/herniated or bulging disc, etc)?

Yes or No 15. Have you ever been told by a doctor that you are at a high risk for stroke or heart attack/disease?

If you answered "yes" to any of the above questions, you will need a physician's referral form filled out before utilizing the fitness center. Other situations may apply. However, you may use the pool, indoor walking track, gymnasium (basketball or volleyball pick-up) immediately.

WARNING: If you have not been physically active, it is recommended that you have a check up with your doctor prior to beginning any exercise program or increased activity, no matter what your age or health status.

[Each person age 13 and over, who will be using the fitness center, must complete this form]

Pass Holder's Signature: _____