

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” too 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: _____