

PARTICIPANT INFORMATION

Name: _____

Address: _____

City, State: _____ Zip Code: _____

Phone (H): (____)____-_____

Height: _____ft _____in Weight: _____lbs Sex: M / F

Birth Date: ____/____/____ Age: _____

E-Mail Address: _____ (for newsletter and facility updates)

Emergency Contact: _____ Phone: (____)____-_____

Relationship: _____

Personal Physician: _____ Phone: (____)____-_____

Referral Source: Friend / Family Member / Co-worker / Newspaper / Other: _____

GSHS Affiliates Only

GSHS Employee / Medical Staff / Board Member / Student / Retiree / Volunteer / Spouse

Department: _____ Phone (W): (____)____-_____

STAFF USE ONLY

Membership ID Card #: _____

Staff Member: _____ **Date:** _____

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly:

YES	NO	
<input type="radio"/>	<input type="radio"/>	1. Has your doctor ever told you that you have a heart condition <u>and</u> you should only do physical activity recommended by a doctor?
<input type="radio"/>	<input type="radio"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="radio"/>	<input type="radio"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="radio"/>	<input type="radio"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="radio"/>	<input type="radio"/>	5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
<input type="radio"/>	<input type="radio"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="radio"/>	<input type="radio"/>	7. Do you know of <u>any other reason</u> why you should not do physical activity?

YES to one or more questions

If
you
answered

Talk to your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

You may be able to do any activity you want--as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those, which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.

NO to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- Start becoming much more physically active--begin slowly and build up gradually. This is the safest and easiest way to go.
- Take part in a fitness appraisal--this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

Delay becoming much more active:

- If you are not feeling well because of a temporary illness such as a cold or a fever--wait until you feel better; **or**
- If you are or may be pregnant---talk to your doctor before you start becoming more active.

Please note: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Informed use of the PAR-Q: The Canadian society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity. I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

Name _____

Signature _____

Date _____

Signature of Parent _____
or Guardian (for participants under the age of 19)

Witness _____

Physical Activity Readiness Questionnaire (PAR-Q) © 2002. Reprinted with permission from the Canadian Society for Exercise Physiology.

***This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.**

WELLNESS/FITNESS CENTER PRE-PARTICIPATION SCREENING QUESTIONNAIRE*

Assess your health status by marking all *TRUE* statements

History

You have had:

- A heart attack
- Heart surgery
- Cardiac catheterization
- Coronary angioplasty (PTCA)
- Pacemaker/implantable cardiac device
- Defibrillator/rhythm disturbance
- Heart valve disease
- Heart failure
- Heart transplantation
- Congenital heart disease

Symptoms

- You experience chest discomfort with exertion.
- You experience unreasonable breathlessness.
- You experience dizziness, fainting, or blackouts.
- You take heart medications.

If you marked any of these statements in this section, consult your physician or other appropriate health care provider before engaging in exercise. You may need to access a program with **medically qualified staff.**

Other health issues

- You have diabetes.
- You have asthma or other lung diseases.
- You have burning or cramping sensation in your lower legs when walking short distances.
- You have musculoskeletal problems that limit your physical activity.
- You have concerns about the safety of exercise.
- You are pregnant.
- You take prescription medication(s).

If yes:	Medication (s)	Purpose
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____

Cardiovascular risk factors

- You are a man older than 45 years.
- You are a woman older than 55 years, have had a hysterectomy, or are postmenopausal.
- You smoke, or quit smoking within the previous 6 months.

If you marked any of these statements in this section, you

- _____ Your blood pressure is >140/90 mm Hg.
- _____ You take blood pressure medication.
- _____ Your blood cholesterol level is >200 mg/dL.
- _____ Your current cholesterol level is unknown.
- _____ You have a close blood relative who had a heart attack or heart surgery before age 55 (father or brother) or age 65 (mother or sister).
- _____ You are physically inactive (i.e., you get <30 minutes of physical activity on at least 3 days per week).
- _____ You are >20 pounds overweight.

_____ None of the above

You should be able to exercise safely without consulting your physician or other appropriate health care provider in a self-guided program.

I have read, understood, and completed this participant questionnaire. Any questions that I had were answered to my full satisfaction.

Participant Name: _____

Participant Signature: _____ Date ____/____/____

Parent/Guardian Name: _____
(For participants under 19)

Parent/Guardian Signature: _____ Date ____/____/____
(For participants under 19)

***Adapted from the American Heart Association/American College of Sports Medicine (ACSM) Health/Fitness Facility Pre-participation Screening Questionnaire. ACSM's Guidelines For Exercise Testing and prescription, 7th Edition.**

RELEASE OF GOOD SAMARITAN HOSPITAL AND THE WELLNESS/FITNESS CENTER FROM LIABILITY

I have applied for permission to use Good Samaritan Hospital's Wellness/Fitness Center, which will be referred to as "Wellness/Fitness Center," and participate in some or all of the facilities, activities, programs, and services offered within the Wellness/Fitness Center. I understand that there are certain

inherent risks involved with participation in any exercise program and/or the use of the Wellness/Fitness Center equipment and facilities, and I have chosen to assume those risks.

My decision to use the Wellness/Fitness Center and to engage in a program of exercise is entirely voluntary. I understand that the Wellness/Fitness Center recommends, but does not require, that I consult my personal physician prior to engaging in any exercise program. I agree that I will not hold Good Samaritan Hospital, its subsidiaries, Board of Directors, employees and affiliates, including, but not limited to those persons who supervise the Wellness/Fitness Center, liable for any and all claims, suits, losses, or related causes of action for damages, including, but not limited to, such claims that may result from any injury or death, accidental or otherwise, during, or arising from or in any way are attributable to my election not to consult my personal physician prior to beginning an exercise program.

Further, because my decision to use the Wellness/Fitness Center is entirely voluntary and because I have chosen to assume the risks associated with my use of the equipment and facilities, I agree for myself, my heirs and personal representatives, that I will not hold Good Samaritan Hospital, its subsidiaries, Board of Directors, affiliates, and employees, including, but not limited to those persons who supervise the Wellness/Fitness Center, liable for personal injuries or death, and loss of or damage to my property which may result from my use of the Wellness/Fitness Center, except for injuries, or damage directly caused by willful misconduct of the officers, employees, or agents of the Wellness/Fitness Center.

Participant Name: _____

Participant Signature: _____ Date ____/____/____

Parent/Guardian Name: _____

(For participants under 19)

Parent/Guardian Signature: _____ Date ____/____/____

(For participants under 19)

Staff Member: _____

Staff Member Signature: _____ Date ____/____/____