

# WINFIELD FITNESS CENTER

## MEDICAL HISTORY FORM:

(All information is private and confidential. Please print clearly.)

**For Office Use Only:**

DATE: \_\_\_\_\_

Corp Member: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

NAME \_\_\_\_\_  
(LAST) (FIRST) (M. INITIAL)

ADDRESS \_\_\_\_\_  
(NUMBER AND STREET) (CITY) (STATE) (ZIP)

PHONE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
(WORK) (HOME)

AGE \_\_\_\_\_ SEX: \_\_\_\_\_ Male \_\_\_\_\_ Female

E-MAIL ADDRESS \_\_\_\_\_

PERSON TO CONTACT IN AN EMERGENCY \_\_\_\_\_ PHONE \_\_\_\_\_

PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

**EXERCISE PARTICIPANT SCREENING QUESTIONNAIRE:** For most people, physical activity should not pose any problem or hazard. The following questionnaire has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them. Answering "YES" to any of these questions **may** require a doctor's consent. Please check YES or NO.

YES NO

- \_\_\_ \_\_\_ 1. Has your doctor said you have heart trouble, a heart murmur, or have you had a heart attack?
- \_\_\_ \_\_\_ 2. Do you frequently have pains or pressure in the chest area, shoulder, or arm during or right after you exercise?
- \_\_\_ \_\_\_ 3. Do you often feel faint or have spells of severe dizziness?
- \_\_\_ \_\_\_ 4. Do you experience extreme breathlessness after mild exertions?
- \_\_\_ \_\_\_ 5. Has your doctor ever said your blood pressure was too high?
- \_\_\_ \_\_\_ 6. Has your doctor said you have bone or joint problems such as arthritis?
- \_\_\_ \_\_\_ 7. Is there a medical condition not mentioned here which might need special attention in an exercise program? (For example, insulin dependent diabetes, pregnancy.)
- \_\_\_ \_\_\_ 8. As a new member, I was offered an orientation of the facility and use of equipment.

Please list any medications you are taking: \_\_\_\_\_

### **WAIVER/RELEASE STATEMENT**

I, the undersigned, am aware that there are physical risks and hazards involved in working out on the equipment and free weights at the Winfield Fitness Center, and hereby release, indemnify, and hold harmless the Winfield Recreation Commission and it's staff from any liability as a result of any accident which may occur in conjunction with said participation and result in bodily injury to myself (or my child). I will not hold the WRC responsible for any lost or stolen items I may have placed in the locker room. I also understand I am entitled to a full refund up to 10 days after the purchase of a membership. After such time, memberships are non-refundable and non-transferable.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Signature of Parent/Guardian (if under 18)