



## FITNESS CENTER

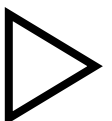
# HEALTH HISTORY AND PRE-PARTICIPATION FORM

Name:	_____	Date of Birth	_____		
	First	Last			
Please check appropriate group:	<input type="checkbox"/>	Student	<input type="checkbox"/>	Faculty or Staff	
Home Address:	_____				
	Street	City	State	Zip	
Home Phone:	_____	Cell Phone:	_____	Email:	_____
Emergency Contact Name:	_____			Phone:	_____
Student ID #	_____				

### QUESTIONNAIRE:

- YES NO Has your doctor ever said that you have a heart condition and you should only do physical activity recommended by a doctor?
- YES NO Do you have any pain in your chest and/or heart when doing physical activity?
- YES NO Do you experience loss of consciousness or suffer from dizziness/fainting?
- YES NO Has your doctor ever told you that you have a muscle, bone or joint problem that might be aggravated or made worse by an increase in physical activity?
- YES NO High Blood Pressure?
- YES NO Are you over 55 and NOT used to vigorous and intense exercise?
- YES NO Is there any reason why you should not be able to begin an exercise program?
- YES NO Would you describe your lifestyle as sedentary?
- YES NO Are you pregnant?
- YES NO Asthma?

SEE BACK SIDE





YES NO Diabetes?

YES NO Stroke?

YES NO Injuries/ Surgeries (if yes explain) \_\_\_\_\_

Are there any other conditions or medical problems that may limit your physical activity?

\_\_\_\_\_

List any medications: \_\_\_\_\_

**Please inform us of any changes to your health.**

**ASSUMPTION OF RISK:**

For and in consideration of being permitted to use Manchester Community College's Wellness and Athletic Center I, the undersigned, assume all risks in any way connected with or related to physical exercise and hereby waive any and all claims which I may have arising out of theft or destruction of, or damage to personal property, personal injury, or death and release Manchester Community College, its agents and employees harmless from any liability whatsoever relating to my use of the Manchester Community College facilities, including reasonable attorney's fees.

I, the undersigned, acknowledge the existence of risks in connection with exercise activities, assume risks, and agree to accept the responsibility for any injuries sustained by myself in the use of these facilities and/or its equipment.

In addition, I have completely read the Manchester Community College rules and regulations. I have been given an opportunity to ask questions and feel that I understand what is expected of me as a Manchester Community College student, faculty or staff member. I also acknowledge that failure to comply with these policies may result in loss of Wellness Center privileges.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

Fitness Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_