

Health Questionnaire

NAME: _____ ID # _____ DATE: ____/____/____
 DEPT: _____ EMAIL: _____ EXTENSION: _____
 HOME PHONE: _____ DATE OF BIRTH: ____/____/____ CURRENT AGE: _____
 EMERGENCY CONTACT: _____ RELATIONSHIP: _____
 PHONE: _____

Regular physical activity is fun and healthy and for most people safe. However, some individuals may have health-related risks that may require them to check with their physician prior to starting an exercise program. To help determine if there is a need for you to see your physician before starting an exercise program, please read the following questions and answer carefully. All information provided will be kept strictly confidential. In addition to health history questions, we have also listed several questions pertaining to your current activity level to help us better assess your physical needs.

I. PHYSICAL ACTIVITY SCREENING QUESTIONS

YES NO

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Are you currently 40 years of age or older? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you have numbness or stabbing pain anywhere? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Do you experience chest pain when you are physically active? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Are you epileptic? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Have you ever broken any bones? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Do you have bone or joint problems that become aggravated by increasing physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Do you have a heart condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Have you been advised by a physician to avoid any type of physical exercise? |

If you answered YES to any of the above questions, it is recommended that you consult your physician via phone or in person before having a fitness test or participating in a physical activity program.

II. GENERAL HEALTH HISTORY QUESTIONS

YES NO

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Have you ever experienced a stroke |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you have diabetes? If yes, are you currently taking medications or receiving treatment related to diabetes? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Do you have asthma or other respiratory conditions that affect breathing? If yes, please describe.
_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you have an orthopedic condition that restricts your physical activities? If yes, please describe.
_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Have you ever been told by a physician that you have the following?
(Check applicable box) <input type="checkbox"/> high blood pressure <input type="checkbox"/> elevated blood lipids including cholesterol |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Do you currently smoke? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Do you experience back pain or discomfort that prevents you from performing normal daily activities? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Are you pregnant? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Do you currently exercise less than one hour per week? If "NO", please describe your activities.
_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Are you currently taking medications that might impact your ability to safely perform physical activity?
_____ |

See reverse side for signature of Agreement and Release of Liability

AGREEMENT AND RELEASE OF LIABILITY

In further consideration of being allowed to utilize **THE BARNEY FITNESS CENTER**, and any of its equipment, I do hereby state and agree as follows:

1. I understand and am aware that strength, flexibility, and aerobic exercise, including the use of exercise equipment, are potentially hazardous activities that involve the risk of serious injury and even death. As such, I acknowledge that I am voluntarily participating in these activities and assume all risks associated with them.

a. (Please initial _____)

2. I understand that **THE BARNEY FITNESS CENTER** is a 24-hour facility and that as a member; I will have access to the facility at all times, even at times when the facility is completely unstaffed. I am aware of the risks inherent in exercising in an unstaffed fitness center and assume all risks associated with using the facility during those unstaffed time periods, including the inability to call for emergency assistance should it be necessary.

b. (Please initial _____)

3. I, for myself, my heirs, assigns, executors, administrators and legal representatives, hereby waive, release, and forever discharge **The Barney Fitness Center** and **Hartford Healthcare**, their agents, employees, officers, directors and representatives (hereinafter collectively referred to as the "Released Parties"), from any and all liability for injury, damages or death arising out of or relating in any way to my use of **The Barney Fitness Center**. I fully assume all risks associated with use of **The Barney Fitness Center** even if due to the **NEGLIGENCE and/or CARELESSNESS** of the released parties.

c. (Please initial _____)

4. The release set forth in paragraph 3 above includes, but is not limited to, any and all damages caused, in whole or in part, by the **NEGLIGENCE and/or CARELESSNESS** of the released parties, including but not limited to any alleged failure to: maintain the facility and its equipment; to properly staff the facility; and/or to properly train the staff.

d. (Please initial _____)

5. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, and illness that would prevent my safe participation or use of the equipment, machinery and/or programs available at **The Barney Fitness Center**. I also acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise and training equipment and machinery. I also acknowledge that I have been recommended that I have a yearly physical examination with my physician as to physical activity, exercise, and use of exercise and training equipment so that I might have his/her recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and been given my physician's permission to participate, or that I have decided to participate in and use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

e. (Please initial _____)

I ATTEST THAT ALL THE INFORMATION PROVIDED IS TRUE TO THE BEST OF MY KNOWLEDGE.

Printed Name _____

Signature _____ Date: _____

Barney Fitness Center Policies and Procedures

- No personal belongings are allowed on fitness floor. Please use lockers provided. Staff members are not responsible for lost or stolen items.
- Lockers are for temporary storage of belongings while exercising. Personal belongings must be removed after you finish your exercise session.
- Patrons are required to rack all weights, plates, and dumbbells in appropriate racks. Please do not overload racks. Safety rails must be replaced on the power rack if you removed them to perform your lift.
- Weights are not to be stood on end and leaned against walls, pillars, equipment, or mirrors. Weights should not be dropped; Olympic style lifts should be performed using the color bumper plates in a controlled deceleration on the lifting platforms.
- Patrons should use extreme caution when lifting weights to avoid potential injury to themselves or others.
- **DO NOT** move exercise equipment between rooms. Use only what is available in each room. Heavy weights, bars and benches are not allowed on the wood floor of the group fitness room.
- Towels must be placed between the equipment pads and the person using equipment if/when a person is not wearing full-backed shirts or pants.
- Patrons must be employees 18 years or older to use the facility.
- Patrons are encouraged to ask the fitness staff for help adjusting equipment, for a spot or for general questions.
- Spring collars should be used on all bars when free weight lifting.
- Weight-lifting hand chalk is **NOT** permitted in the Barney Fitness Center.
- Patrons must sign-up at the fitness desk during peak hours when using any piece of cardiovascular equipment. Maximum sign-up time is 30 minutes.
- The use of safety stop clips is strongly encouraged while using treadmills.
- To avoid congestion and waiting lines, patrons should allow others to “work in” while using weight equipment. Please use courtesy and consideration for others when using weight equipment.
- No beverages (except water) or food is allowed on the fitness floor. Water must be in a closed, non-glass, no leak container.
- Machines and mats should be wiped down after use. Cleaning supplies are available on the fitness floor and wipes should be discarded in trash bins after use.
- Patrons must wear appropriate exercise attire when using the facility. **SCRUBS ARE NOT ALLOWED.**
- The Barney Fitness Center is available for **ONLY** the employees of Hartford Healthcare and CCMC who have an electronic access badge. **NO GUESTS ARE ALLOWED.**
- Access for new members is available same day if questionnaire is returned Monday- Friday by 2:00pm. Any questionnaires handed in after 2:00pm access is available next day by 3:00pm.

I have reviewed the previous policies in order to maintain my access to **The Barney Fitness Center**. I understand that a violation in any of these policies can result in a loss of access to **The Barney Fitness Center**.

Printed Name: _____

Signature: _____ Date: _____