

Wellness Center

Guest Name _____

DOB: _____ Cell Phone Number: _____

Address (Street, City, State, Zip): _____

Email: _____

Emergency Contact Name : _____

Emergency Contact Number: _____

ATTACH PICTURE ID OF GUEST/CHILD'S PARENT/
 GUARDIAN TO COMPLETED SHEET OR
 immediately enter into system digitally

STAFF USE ONLY:

_____ Local (Within 50 miles) _____ 1st Visit
 _____ Out of Town _____ 2nd Visit

CHECK ONLY THOSE THAT APPLY

Do you currently have or have you experienced in the past 12 months:

- _____ Pain; discomfort in the chest , neck, jaw, arms, or other recent onset of pain with exertion
- _____ Unreasonable breathlessness
- _____ Dizziness , fainting, blackouts
- _____ Ankle swelling
- _____ Unpleasant awareness of a forceful, rapid, or irregular heart rate
- _____ Burning or cramping sensation in Lower legs when walking short distances
- _____ Known heart murmur

Current Activity

Have you performed planned, structured physical activity for at least 30 minutes at moderate intensity on at least 3 days per week for at least the last 3 months
 Yes No

Have you ever had, or do you currently have:

- _____ Heart attack
- _____ Heart surgery, cardiac catheterization, or coronary angioplasty
- _____ Pacemaker/implantable cardiac defibrillator/rhythm disturbance
- _____ Heart Valve Disease
- _____ Herat Failure
- _____ Congenital Heart Disease
- _____ Renal Disease
- _____ Diabetes (type 1 or type 2)

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- _____ High Blood Pressure
- _____ High cholesterol
- _____ Osteoporosis/Osteopenia
- _____ Heat-related illness
- _____ Current Pregnancy
- _____ Recent surgery
- _____ Recent illness
- _____ Recent Hospitalization
- _____ Exercise safety concerns

Any other health related information:

Medications:

- _____ Beta-blockers
- _____ Diuretics

Physical limitations or restrictions:

GUEST LIABILITY RELEASE:

It is agreed and understood that all activities, exercise, use of equipment and facilities shall be used by guests at their sole risk and Wellness Center, Atrium Health Navicent ("Center") shall not be liable for any claims, demands, injuries, damages, actions, or causes of actions, to guests or their property arising out of or connected with the use of any of the services and/or facilities. Guests forever expressly release, indemnify and hold harmless WELLNESS CENTER, ATRIUM HEALTH NAVICENT and their respective agents, servants and employees for any and all liability, whatsoever. Guest affirms that their state of health permits them to participate in Center activities and that they have sought their primary care provider's guidance on participation in Center activities prior to participation. Guests of Center agree to abide by all rules and regulations, to use good personal health judgments and to practice proper safety skills at all times while on the Center property.

Signature of Guest: _____ Date: _____ Witness: _____