

**STAFF USE ONLY:**

\_\_\_\_\_ Local (Within 50 miles)      \_\_\_\_\_ 1st Visit

\_\_\_\_\_ Out of Town                      \_\_\_\_\_ 2nd Visit

**ATTACH PICTURE ID OF GUEST/CHILD'S PARENT/GUARDIAN TO COMPLETED SHEET**

**Guest Name** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**Email:** \_\_\_\_\_

**Emergency Contact Name :** \_\_\_\_\_

**Emergency Contact Number:** \_\_\_\_\_

**\*CHECK ONLY THOSE THAT APPLY\***

**List All Current Medications:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Do you currently have or have you experienced in the past 12 months....**

\_\_\_\_\_ Chest pain/discomfort

\_\_\_\_\_ Pain in jaw, neck, arms, or shoulder blades

\_\_\_\_\_ Shortness of breath

\_\_\_\_\_ Dizziness

\_\_\_\_\_ Fainting/blackouts

\_\_\_\_\_ Heart palpitations or fluttering

\_\_\_\_\_ Frequent headaches

\_\_\_\_\_ Coughing on exertion

\_\_\_\_\_ Recurrent swelling of ankles

\_\_\_\_\_ Pain in legs when walking/ climbing upstairs

**Have you ever had, or do you currently have.....**

\_\_\_\_\_ High Blood Pressure

\_\_\_\_\_ High cholesterol

\_\_\_\_\_ Diabetes

\_\_\_\_\_ Heart attack

\_\_\_\_\_ Heart surgery

\_\_\_\_\_ Chest pain

\_\_\_\_\_ Irregular heart beat/murmur

\_\_\_\_\_ Pacemaker/Defibrillator

\_\_\_\_\_ Asthma/COPD

\_\_\_\_\_ Emphysema/Lung Disease

\_\_\_\_\_ Stroke

\_\_\_\_\_ Epilepsy/Seizures

\_\_\_\_\_ Arthritis/Joint Pain

\_\_\_\_\_ Back Pain/Injury

\_\_\_\_\_ Hiatal Hernia

\_\_\_\_\_ Cancer

\_\_\_\_\_ Osteoporosis/Osteopenia

\_\_\_\_\_ Musculoskeletal Problems

\_\_\_\_\_ Blood clots

\_\_\_\_\_ Thyroid (low/high)

\_\_\_\_\_ Current Pregnancy

\_\_\_\_\_ Recent surgery

\_\_\_\_\_ Recent illness

\_\_\_\_\_ Exercise safety concerns

**Physical limitations or restrictions:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Any other health related information:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**GUEST LIABILITY RELEASE:**

It is agreed and understood that all activities, exercise, use of equipment and facilities shall be undertaken by guest as their sole risk and Center shall not be liable for any claims, demands, actions, or causes of action, to guests or their property arising out of or connected with the use of any of the services and facilities. Guests forever expressly release, indemnify, and hold harmless Wellness Center, Navicent Health 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. Guest also affirms that they have completed the above Health History Questionnaire to the fullest extent of their knowledge. The guest agrees to abide by all rules and regulations, to use good personal health judgments, and to use proper safety skills at all times. **WARNING: IF YOU HAVE A HISTORY OF HEART DISEASE OR DISEASE SUBJECT TO AGGRAVATION BY EXERCISE, YOU SHOULD CONTACT THE EXERCISE PHYSIOLOGIST ON DUTY OR CALL PRIOR TO PARTICIPATION IN CENTER ACTIVITIES, EXERCISE, OR EQUIPMENT USE.**

**Signature of Guest:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Witness:** \_\_\_\_\_