

Name _____ Member #: _____ Date: _____

Date of Birth _____ Phone (h) _____ (w) _____

Home address _____ City _____ Zip _____

Employer _____ Title _____

Gender M ___ F ___ Guest of _____

Health insurance provider _____

In case of emergency, contact _____ # _____

Regular physical activity is safe for most people. However, some individuals should check with their doctor before they start an exercise program. To help us determine if you should consult with your doctor before starting to exercise with St. Joseph's/Candler Wellness Center, please read the following questions carefully and answer each one honestly. All information will be kept confidential.

PLEASE CHECK YES or NO:

QUESTION	YES	NO	COMMENTS
Do you have a heart condition?			
Have you ever experienced a stroke?			
Do you have epilepsy?			
Are you pregnant?			
Do you have emphysema?			
Do you feel pain in your chest when you engage in physical activity?			
Do you have chronic bronchitis?			
In the past month, have you had chest pain when you were not doing physical activity?			
Do you ever lose consciousness or do you ever lose control of your balance due to chronic dizziness?			
Are you currently being treated for a bone or joint problem that restricts you from engaging in physical activity?			
Has a physician ever told you or are you aware that you have high blood pressure?			
Has anyone in your immediate family (parents/brothers/sisters) had a heart attack, stroke, or cardiovascular disease before age 55?			

**St. Joseph's/Candler
Wellness Center
Guest Health History Questionnaire**

Has a physician ever told you or are you aware that you have a high cholesterol level?			
Do you have diabetes?			
Do you currently smoke?			
Are you a male over 44 years of age?			
Are you a female over 54 years of age?			
Are you currently exercising LESS than 1 hour per week? If you answered no, please list your activities?			
Are you currently taking any medication? Please list the medication and its purpose.			
Other			

How did you hear about the WELLNESS CENTER?

- | | | |
|-------------------------------------|---|---|
| <input type="checkbox"/> Employer | <input type="checkbox"/> Yellow Pages | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Television | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Co-worker | <input type="checkbox"/> Health ins. Plan | <input type="checkbox"/> Worksite event |

Are you interested in joining the WELLNESS CENTER? Yes No

Are you interested in learning how the WELLNESS CENTER can develop a corporate fitness and wellness benefit for your organization? Yes No

I understand that any exercise program I undertake may create physical stress and subsequent harmful effects. I agree that it is solely my responsibility and not the responsibility of the St. Joseph's / Candler Wellness Center to require me to consult with a physician prior to commencing any exercise program, to remain under medical supervision if that is indicated, and to seek medical assistance in the event of an injury to myself and to others and I agree that I will use such equipment and facilities with due care.

Name _____ Date _____

Signature _____

STAFF USE ONLY

Cleared to exercise Not cleared to exercise Guest # _____

Reason _____

Staff Signature _____ Date _____

Visit Date/Time _____ Visit Date/Time _____

Visit Date/Time _____ Visit Date/Time _____

Visit Date/Time _____ Visit Date/Time _____