



Health & Fitness Evaluation/Waiver

Name _____ Today's Date _____

(Please Print)

Preferred Phone Number _____ Birthdate _____ Gender _____

Emergency Contact Name _____ Emergency Number _____

Primary Care Physician _____ PCP Number _____

By initialing this box, you are stating you are exercising your right to refuse to complete the below personal health information. You understand that this information is kept confidential and is only for use should a medical emergency arise while using our facilities.

<u>Past History</u>	<u>Yes</u>	<u>No</u>	<u>Explain</u>	<u>Present Symptoms</u>
Heart Disease				Chest Pains
Rheumatic Fever				Shortness of Breath
Heart Murmur				Heart Palpitations
High Blood Pressure				Cough on Exertion
Diabetes				Dizziness w/ Exercise
Varicose Veins				High Blood Pressure
Lung Disease				Back Pain
Muscle Disease				Joint Pain
Back Problems				High Cholesterol
Joint Problems				Other – Please Explain
Arthritis				

Are you currently taking any medication Yes _____ No _____ If yes, state name of drug and purpose for taking it: _____

Do you have any medical concerns or health problems that may affect your exercise plan or safety in any way?

Yes _____ No _____ If yes, please describe: _____

List any surgeries you have had in the past: _____

Do you feel you are more than 30 pounds overweight? Yes _____ No _____ What do you feel is your realistic ideal weight? _____ pounds

PLEASE TURN OVER TO FINISH & SIGN

Are you presently on a weight control program? Yes _____ No _____ Program Name: _____

Do you currently smoke? Yes _____ No _____

Are you participating in any fitness activities at the present time? Yes _____ No _____ Please list: _____

Before beginning an exercise program, it is important to have your present health evaluated. If there is any question in your mind concerning your ability to exercise, check with your Physician and let them help you to decide. The American College of Sports Medicine has recommended the following guidelines:

1. If you are under 35 years of age, and have no known coronary heart disease, risk factors nor previous history of cardiovascular disease, you may begin an exercise program safely without special medical clearance. However, if you haven't had a medical examination within the past two years or if you have any questions concerning your health status, see your physician prior to beginning your program.
2. If you are 35 years or older, it would be advisable to have a medical evaluation prior to any major level increase in activity level, especially if you have a history of cardiovascular risk factors.

Cardiovascular risk factors can include but are not limited to abnormal EKG tests, high blood pressure (above 140mm Hg Systolic or 90 Hg Diastolic), high fasting blood sugar levels (above 110mg percent), high cholesterol levels (above 250mg percent), cigarette smoking and excess body fat (over 10% in men or 22% in women).

In order to provide an exercise program geared to your needs, it is important for the Bellevue Recreation Staff to advise you to receive medical advice when necessary.

As an athlete/participant I am aware of the risks involved in sports activities and maintain that I am physically fit to participate. I understand that I must pay all medical costs incurred in the event of an accident. I also understand I must pay for any item(s) broken or damaged, including (but not limited to) basketball rims and backboards.

By signing below, I acknowledge that I have read and fully understand the terms of the agreement up above.

Signature

Date