MCSC Wellness Services **Date:** _____

Fitness Center Membership Registration Form
Health History Questionnaire/Physician's Release
(This MUST be completed for fitness center access)
All information given will be kept confidential.

Name:_____ **Age:** _____ **Date Of Birth:**_____
Home Address:_____ **Home Phone:** _____
MCSC Employee Building Site: _____ **EXT.** _____
Name: _____ **Phone:** _____

MEDICAL HISTORY

Do you have or have you ever had any of the following conditions? (Check if yes)

____Heart Murmur, Clicks or other Cardiac Findings
____Frequent Extra/Skipped or Rapid Heart Beats-Palpitations
____Chest Pain/Angina (Especially w/Exertion)
____Diagnosed High Blood Pressure
____Heart Attack, Coronary By-Pass or Other Cardiac Surgery
____Leg Cramps, during exercise
____Frequent Dizziness/Fainting
____Severe Arthritis/Orthopedic Problems
____Musculoskeletal Problems
____ Asthma
____Pregnancy (at present)
____Stroke
____Diabetes
____Emphysema
____Epilepsy
____Rheumatic Fever
____Blood Clots
____Chronic Back Pain

Comments/Explanations:_____

_____

Recent Surgery (Description/Dates):_____
Other medical problems, recent illness, hospitalization or injury: _____
Current medications/drugs you are using and reason: _____

_____

Do you know of any medical problems that might make it dangerous or unwise for you to participate in any vigorous exercise? _____ If yes, please explain: _____

_____

All of the questions have been answered completely and truthfully to the best of my knowledge. The physician sees no reason why his/her patient cannot participate in the Merrillville Fitness Center activities. Activities will include weight lifting, and various aerobic exercises.

_____ _____ _____
PHYSICIAN'S PRINTED NAME **PHYSICIAN'S SIGNATURE** **DATE**

Physician Noted Restrictions:_____

_____

THE USE OF ANY FITNESS CENTER EQUIPMENT CAN RESULT IN A RISK OF INJURY. THE PARTICIPANT INCURS THE RISK AND ACKNOWLEDGES AND ACCEPTS RESPONSIBILITY FOR ANY INJURIES OUT OF ACTIVITIES, ALL OF WHICH INVOLVES RISKS, IN ONE OR MORE OF THE FOLLOWING AREAS:
The use of the exercise equipment, the running/walking track, in the gymnasium areas, in the fitness center areas, in the pool areas and in any other individual or group exercise activities. Locker/shower rooms or entering or leaving the facility. The participant further releases MCSC from any injuries incurred after departing the premises of the fitness center.
HAVING READ THE PRECEDING THE PARTICIPANT ACKNOWLEDGES HIS/HER UNDERSTANDING OF THOSE RISKS SET FORTH HEREIN AND KNOWINGLY AGREES TO ACCEPT FULL RESPONSIBILITY FOR HIS/HER OWN EXPOSURE TO SUCH RISKS.

_____ _____
SIGNATURE OF PARTICIPANT DATE