**Form I: Health Screen Form**

**Name** Click or tap here to enter text. **Date** Click or tap here to enter text.

**Male** [ ]  **Female** [ ]  **Age** Click or tap here to enter text.

**Freshman** [ ]  **Sophomore** [ ]  **Junior** [ ]  **Senior** [ ]  **Graduate** [ ]  **Faculty/Staff** [ ]

**Your Contact #:** Click or tap here to enter text.

This form is intended to obtain relevant information about your health that will assist the staff in helping you with your program. Please answer all questions to the best of your knowledge.

1. **BLOOD PRESSURE**

Do you have high blood pressure? [ ]  **YES** [ ]  **NO**

Have you had high blood pressure in the past? [ ]  **YES** [ ]  **NO**

Are you on medication for high blood pressure? [ ]  **YES** [ ]  **NO**

1. **SMOKING**

Do you smoke? [ ]  **YES** [ ]  **NO**

If yes, how much? Click or tap here to enter text.

1. **DIABETES**

Do you have diabetes? [ ]  **YES** [ ]  **NO**

1. **HEART PROBLEMS**

Have you ever had a heart attack? [ ]  **YES** [ ]  **NO**

Have you ever had heart surgery? [ ]  **YES** [ ]  **NO**

1. **FAMILY HISTORY**

Have any of your blood relatives had

 heart disease or heart surgery ? [ ]  **YES** [ ]  **NO**

1. **ORTHOPEDIC PROBLEMS**

Do you have any serious orthopedic problems
that would prevent you from exercising? [ ]  **YES** [ ]  **NO**

If yes, please explain.Click or tap here to enter text.

1. **OTHER PROBLEMS**

Do you have any reason to believe you
should not exercise? [ ]  **YES** [ ]  **NO**

If yes, please explain Click or tap here to enter text.

1. **EMERGENCY**

Please list a relative whom we may contact in case of an emergency:

NAME Click or tap here to enter text.

RELATIONSHIP Click or tap here to enter text. Phone number Click or tap here to enter text.

**Form II: Health History Questionnaire**

**Answer all questions. Write N/A if something does not apply to you.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Family History** | **Age** | **Health****(good or bad)** | **Age of Death****(If Apply)** | **Cause of Death** |
| **Mother**  |  |  |  |  |
| **Father** |  |  |  |  |

**Has any blood relative ever had any of the following? (Check the appropriate boxes).**

[ ]  **Sudden death before age 50** [ ] **High blood pressure**

[ ] **Cancer** [ ] **Diabetes**

[ ] **Tuberculosis** [ ] **Stroke**

[ ]  **Heart Disease** [ ] **Epilepsy**

[ ] **Blood diseases (Sickle Cell anemia, Leukemia)**

1. **Are you presently involved in a
regular exercise program?** [ ]  **YES** [ ]  **NO**If yes, please list the:
Activity: Click or tap here to enter text.
Duration: Click or tap here to enter text.
Frequency: Click or tap here to enter text.
Intensity: Click or tap here to enter text.
2. **Do you use alcohol?** [ ]  **YES** [ ]  **NO**If yes, how much per day? Click or tap here to enter text.
How much per week?Click or tap here to enter text.

1. **Do you drink coffee or soda
that contains caffeine?** [ ]  **YES** [ ]  **NO**

If yes, how much per day?Click or tap here to enter text.

1. **Are you now OR have you
ever been on a diet?** [ ]  **YES** [ ]  **NO**
2. **How many meals do you usually eat each day?** Click or tap here to enter text.
3. **Do you usually eat breakfast?** [ ]  **YES** [ ]  **NO**

**Fitness Center Rules**

* **Proof of Student ID, a scheduled appointment, and appropriate exercise attire is required to use fitness facility.**
* **Multiple appointments per day** is prohibited.
* **Please be** **respectful** and courteous of others.
* **No Personal Training in the fitness center.**
* **No** **swearing or abusive** language.
* Wear proper attire. “**No Jeans or Jean shorts,” no sandals, no slides, no Crocs, no Uggs, no Yeezy slides or slip-ons.**
* **No jackets, coats, shirts, keys or bags on the fitness floor.**
* **Please dress appropriately. “No underwear display.”**
* Pick up your towels, water bottles, newspapers etc.
* **No loud music** from personal Bluetooth speakers in the fitness center. Only personal headphones or earbuds.
* **No basketballs on the fitness floor.**
* Do not hold up equipment.
* Allow others to **work in**, or take turns.
* During peak hours limit your time on treadmills, cross trainers, row machines, stationary bikes, etc. to 20-30 minutes.
* Wipe down equipment after each use.
* **Re-rack dumbbells and Olympic plates** after each use.
* Please do not **drop** free-weights.
* Please do not **drop** dumbbells.
* **Do not put dumbbells on benches**.
* No food or beverages on **fitness floor.** **(except water)**
* Female students must wear supportive tops.

*Tawes Health and Wellness Center and staff are not responsible for lost or stolen items. Please leave all personal valuables in a safe place.*

**Sign Your Name** Click or tap here to enter text. **Date** Click or tap here to enter text.

By signing I completely understand the fitness rules. I also acknowledge that any member or student who does not abide by these rules may be **suspended** from the fitness center.