

 **HCM** | WELLNESS CENTER
HEALTH QUESTIONNAIRE

Date: _____

First Name: _____ Last Name: _____

email address: _____ Phone number: _____

Date of Birth: ____/____/____ MALE or FEMALE (circle one)

Address: _____ City: _____ State: ____ Zip: _____

In case of emergency, please contact: _____ Phone: _____

Doctor's Name: _____ Phone Number: _____

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 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? If Yes, explain condition: _____

2. Do you feel pain in your chest when you engage in physical activity?

3. In the past month, have you had chest pain when you were not doing physical activity?

4. Do you lose your balance because of dizziness, or do you ever lose consciousness?

5. Has your doctor ever told you not to exercise due to a bone or joint problem that could be made worse by a change in your physical activity? If Yes, explain condition: _____

6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?

7. Do you know of any other reason why you should not do physical activity? Explain: _____

8. Are you an insulin dependent diabetic?

If yes, explain: _____

For my safety, I understand that the staff of the Wellness Center may require my doctor's approval before I am allowed to participate in an exercise program.

I have read, understand and completed this questionnaire. Any questions I had were answered to my full satisfaction. I take FULL responsibility for my health and safety when using the Wellness Center facilities. I also understand that this signed document will be placed in my membership file along with my screening results. A copy of these forms can be made for me upon request.

Signature: _____

Signature of Parent: _____
or Guardian (for participants under the age of 18)

Office Use only

Member # _____ Annual Membership fee: \$40 Renewed Membership Start Date: _____

Exercise fee paid: Opt 1 Opt 2 Student Opt 1 Student Opt 2 Adult Pass Child Pass 15 day Pass

30 day Pass Complimentary Pass: _____ Corporate: _____

Tour given Equipment orientation scheduled for _____ Code of Conduct

Initial payment method: CC Invoiced Cash Full Amount \$ _____ Amount paid \$ _____

Quick Ad Bank Draft form Member Details Member Info Account Details Access Scan WC Emp Initials _____