

ABOUT YOU

THE RICHARD J. MEELIA FITNESS & WELLNESS CENTER

Last Name		First Name		Employee ID	Date
Date of Birth	Gender			Work Email	
	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Non-binary/Other	<input type="checkbox"/> Prefer Not to Answer	

Home Address	City	State	Zip
Home Phone	Work Phone	Department	

Primary Physician	Physician Phone	Physician Fax
Emergency Contact	Emergency Contact Phone	Relationship

Activity Level

How many days a week do you usually get 30 minutes or more of exercise/physical activity?

- 0 days 1 day 2 days 3 days
 4 days 5 days 6 days 7 days

How intense is your activity?

- Easy Moderate Difficult

Overall Health Level

How would you rate your current level of health?

- Poor Fair Good Excellent

Service/Activity Interests

In what services, programs, activities or equipment do you have an interest?

- Personal Training Walking Program
 Strength Training Cardiovascular Conditioning
 Sports Injury Prevention Group Exercise Classes
 Stretching/Flexibility Sports Conditioning

Health Interests

Please check the topics you are interested in learning more about:

- Cholesterol/Blood Pressure Tobacco Cessation
 Back Care Cancer Awareness
 Diabetes CPR/First Aid
 Ergonomics Nutrition
 Weight Management Work Injury Prevention
 Stress Management Self-Care
 Women's Health Men's Health
 Other: _____

PRE-ACTIVITY SCREENING QUESTIONNAIRE (PASQ)

Instructions:

Please complete all four sections of this form. A staff member who is an exercise professional in our facility will review it and inform you if medical clearance is needed prior to engaging in physical activity.

SECTION 1: Current Physical Activity

When answering the questions in this section, please note the following definitions:

Moderate Intensity: An activity that causes noticeable increases in heart rate and breathing (e.g., brisk walking)

Vigorous Intensity: An activity that causes substantial increases in heart rate and breathing (e.g., jogging)

Over the last three months, have you regularly performed physical activity for at least 30 minutes, three days/week at a moderate intensity level?

No Yes

If **yes**, which of the following best describes any vigorous intensity activity in your regular routine the last 3 months?

- I participate in some or all vigorous intensity activity
- None, but I want to begin some vigorous intensity activity
- None, and I want to continue moderate intensity activity

SECTION 2: Medical Conditions

Please check the box (✓) for any of the following medical conditions that you currently have or have had:

- Heart attack
- Heart surgery
- Cardiac catheterization
- Coronary angioplasty (PTCA)
- Heart valve disease
- Heart failure
- Heart transplantation
- Congenital heart disease
- Abnormal heart rhythm
- Pacemaker/implantable cardiac defibrillator
- Peripheral vascular disease (PVD or PAD): disease affecting blood vessels in arms, hands, legs, and feet
- Cerebrovascular disease — stroke or TIA (transient ischemic attack)
- Type 1 or Type 2 diabetes
- Renal (kidney) disease

SECTION 3: Signs or Symptoms

Please check the box (✓) for any of the signs or symptoms that you have recently experienced:

- Pain, discomfort in the chest, neck, jaw or arms at rest or upon exertion
- Shortness of breath at rest or with mild exertion
- Dizziness or loss of consciousness during or shortly after exercise
- Shortness of breath occurring at rest or 2-5 hours after the onset of sleep
- Edema (swelling) in both ankles that is most evident at night or swelling in a limb
- An unpleasant awareness of forceful or rapid beating of the heart
- Pain in the legs or elsewhere while walking; often more severe when walking upstairs/uphill
- Known heart murmur
- Unusual fatigue or shortness of breath with usual activities

SECTION 4: Acknowledgment, Follow-up and Signature

I acknowledge that I have read this questionnaire in its entirety and have responded accurately, completely, and to the best of my knowledge. Any questions regarding the items on this questionnaire were answered to my satisfaction. Also, if my health status changes at any time, I understand that I am responsible to inform a staff member at this facility of any such changes.

Participant's Name — *please print*

Participant's Signature

Date

MEDICAL CLEARANCE

Date:

Last Name

First Name

Date of Birth

Note to Physician: Your patient would like to participate in the exercise/fitness programs managed by HealthFitness at _____ (Facility Name). To comply with recommendations established by the American College of Sports Medicine, HealthFitness requires participants to complete a pre-activity screening questionnaire (PASQ). Based on responses to the PASQ and/or results of resting measurements taken at our facility, your patient requires medical clearance prior to participating in our exercise/fitness programs.

Reason(s) for Medical Clearance *(completed by HealthFitness professional)*

PASQ (copy attached):

- Inactive and checked at least one item in either Section 2 or Section 3
- Active and checked at least one item in Section 2 and wants to begin vigorous intensity activity
- Active and checked at least one item in Section 3

Resting Measurements:

- Resting Heart Rate: _____ BPM on _____ (Date) *(Minimum of two measurements taken)*

Symptoms: _____

- Resting Blood Pressure: _____ / _____ mmHg on _____ (Date) *(Average of two BP readings)*

Symptoms: _____

Medical Recommendations *(completed by physician)*

- NOT cleared to exercise at this facility — should be referred to a clinically supervised exercise program
- Cleared to exercise at this facility

Please check (✓) the highest exercise intensity level your patient is cleared for and provide any other restrictions/limitations or program recommendations (e.g., BP monitoring, back care, nutrition, etc.)

- Light (<57 to < 64% HR max)
- Moderate (64 to < 76% HR max)
- Vigorous (76 to < 96% HR max)
- Near maximal to maximal (≥ 96% HR max)

Restrictions/Limitations/Program Recommendations:

Physician's Name (printed)

Physician's Signature

Phone

Date

Please return the completed and signed form to your patient. If you have questions or would like to discuss this Medical Clearance form in detail, please contact:

Name, credentials and title of HealthFitness fitness professional (printed)

Email

Phone

ASSUMPTION OF RISK, WAIVER, AND RELEASE OF LIABILITY AGREEMENT

In consideration of the opportunity to receive services from HealthFitness Corporation ("HealthFitness") and/or become a member of The Richard J. Meelia Fitness & Wellness Center, I hereby assume all risks of injury, illness, death, or other loss arising from or in any way relating to: (a) use of the amenities, including any equipment and aquatic facilities in The Richard J. Meelia Fitness & Wellness Center; (b) participation in recreation leagues, personal training, recommendations and instruction regarding exercise, diet, nutrition, aquatics, and fitness (collectively "the HealthFitness Programs"); and (c) the malfunctioning of any equipment in The Richard J. Meelia Fitness & Wellness Center.

I understand I may have the option to receive a fitness assessment that measures some or all of the following items: (a) flexibility; (b) muscular strength and endurance; (c) body composition; (d) movement efficiency and (e) changes in heart rate and blood pressure before, during and after an exercise test. I understand a particular set of results from the fitness assessment does not necessarily mean I am: fit, unfit, or likely to benefit from exercise or changes in diet. That judgment can only be made by my physician.

I am aware that the fitness assessment is for the purpose of designing a personal exercise program and providing information on conditioning levels compared to norms. I understand the fitness assessment is not intended to replace any medical screening I may need, and neither Cardinal Health, HealthFitness, nor any of their Affiliates* will determine whether an exercise program or dietary change are medically appropriate for me. I understand it is my responsibility to consult with my physician regarding these matters. I further understand that any recommendations regarding exercise or diet (including, without limitation, the use of supplements) are entirely my responsibility and that I should consult a physician prior to undergoing any changes in exercise or diet. I understand and acknowledge that I should consult with my physician before participating in any exercise program or regimen, particularly if I am pregnant, nursing, or under medical supervision for any medical condition. I also understand and acknowledge it is my responsibility not to exceed the guidelines established for me on my exercise program card and in other program materials.

I further understand HealthFitness staff may question me about my health status and I agree to complete a health history questionnaire if requested by HealthFitness staff. I certify the information I provide to HealthFitness staff about my health and exercise history and current health status will be, to the best of my knowledge, complete and accurate, and I agree and understand it is my responsibility to inform HealthFitness staff in the event of any change in my health or medical status. HealthFitness shall treat information regarding my personal health and medical status as confidential. HealthFitness shall not release such information without my written consent, except to authorized HealthFitness and The Richard J. Meelia Fitness & Wellness Center facility employees, agents, successors and assigned contractors HealthFitness uses to support its business; in connection with any programs sponsored by Cardinal Health in which I participate; in connection with the sale, assignment or other transfer of the HealthFitness or Cardinal Health business; when required by applicable laws, court orders or government regulations; and to health care personnel for treatment purposes (including, for example, emergency assistance personnel). I understand that for statistical analysis or other research purposes HealthFitness may use or disclose to others information relating to my personally identifiable information from records relating to my health, and the newly de-identified information.

On behalf of myself and my personal representatives, heirs, executors, administrators, assigns, next of kin and estate, to the fullest extent permitted by law, I hereby release, waive, relinquish, discharge from liability and covenant not to sue Cardinal Health, HealthFitness, or any of their respective Affiliates (as defined below), or any other entity that may now or in the future manage, administer or provide services, classes, activities or programs at or through

ASSUMPTION OF RISK, WAIVER, AND RELEASE OF LIABILITY AGREEMENT

The Richard J. Meelia Fitness & Wellness Center (the “Releasees”) from any and all claims, including claims for punitive or liquidated damages, claims for attorney’s fees, costs and disbursements, individual or class action claims, demands, actions, suits, causes of action and/or liabilities, of whatever kind or nature, in law, equity or otherwise, related to or arising, directly or indirectly, from my participation in the HealthFitness Programs, including but not limited to those arising from the use, misuse, or malfunction of any exercise machine or equipment and/or any negligent act or omission by any of the Releasees.

Releasees assume no responsibility for any liability, damage or injury that may be caused by my negligent and willful acts and omissions related to or arising from my participation in the HealthFitness Programs, or for any personal injury, property damage or death caused by the acts or omissions of any other member of The Richard J. Meelia Fitness & Wellness Center and/or any observer or participant in any The Richard J. Meelia Fitness & Wellness Center Activities, or any of them.

I understand at any time I may review this agreement by requesting a copy from HealthFitness staff. I agree if a court holds that any portion of this agreement is invalid, the remainder of this agreement will continue in full legal force and effect.

I understand use of The Richard J. Meelia Fitness & Wellness Center and participation in the HealthFitness Programs is strictly voluntary, and that I may discontinue my participation at any time. I further understand HealthFitness or Cardinal Health may revoke my privileges to use The Richard J. Meelia Fitness & Wellness Center or otherwise participate in assessment or other programs at any time, in their sole discretion. I agree to be bound by and obey all the rules and policies of The Richard J. Meelia Fitness & Wellness Center, HealthFitness and HealthFitness staff in my use of The Richard J. Meelia Fitness & Wellness Center and in my participation in the HealthFitness Programs.

I have carefully read this **Assumption of Risk, Waiver, and Release of Liability Agreement** and fully understand its terms. I sign it voluntarily with full knowledge of its legal significance and understand that I have the right to have my attorney review it. I am 18 years of age or older.

Signature: _____

Printed Name: _____

Date: _____

**The term “Affiliates” means any HealthFitness or Cardinal Health branch, division, subsidiary, parent, or entity sharing common ownership and/or HealthFitness or Cardinal Health’s present and former officers, directors, shareholders, trustees, employees, agents, representatives, contractors, and the successors and assigns of each, whether in their individual or official capacities.*

PAYMENT AUTHORIZATION

THE RICHARD J. MEELIA FITNESS & WELLNESS CENTER

Last Name	First Name	Employee ID	Date

I authorize to deduct **\$4.62** from my earnings on a bi-weekly basis to pay for my participation in The Richard J. Meelia Fitness & Wellness Center effective _____. (date)

I hereby request and authorize Cardinal Health to deduct my total each period from my paycheck. This authorization is to remain effective until The Richard J. Meelia Fitness & Wellness Center has collected for all charges assessed in connection with the terms and conditions of this Membership Agreement.

I have the right to stop payment by contacting Cardinal Health Fitness Center.

Signature: _____ Date: _____

Staff Use Only

Staff Member Name

Process Date

Effective Date