

Health Status Questionnaire (HSQ)

Name (print clearly) _____

Email (print clearly) _____

YES **NO** Please check box YES or NO

- Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
- Do you feel pain in your chest when you do physical activity?
- Do you lose your balance because of dizziness and/or do you ever lose consciousness?
- Do you have a bone or joint problem that could be made permanently worse by a change in your physical activity?
- Is your doctor currently prescribing drugs for your blood pressure or heart condition?
- Do you have an irregular or an abnormally fast resting heart beat (higher than 100 beats per minute)?
- Do you have diabetes?
- Have you ever had a heart attack?
- Are you pregnant?
- Are you over 69 **and** not used to being active?
- Do you know of **any other reason** why you should not do physical activity?

I attest that the above information is true and correct to the best of my knowledge. I further affirm that the information collected on this health status questionnaire will ONLY be used for the purpose of this initial interview and general fitness programming recommendations. Community Fitness Inc., its staff, instructors, and affiliates will NOT be responsible for knowing or using any of the information collected on this history form.

In the event that a medical clearance must be obtained prior to my participation in the exercise programs, I agree to consult my physician and obtain written permission from my physician prior to the commencement of any exercise program. I understand that I am responsible for monitoring my own condition throughout the exercise programs and should any unusual symptoms occur, I will cease my participation and inform the instructor of the symptoms. Also, in consideration for being allowed to participate in the Community Fitness exercise programs, I agree to assume the risk of such exercise, and further agree to hold harmless Community Fitness and its staff members/instructors conducting the exercise programs from any and all claims, suits, losses, or related causes of action for damages, including, but not limited to, such claims that may result from my injury or death, accidental or otherwise, during, or arising in any way from the exercise programs.

I have read, understood, and completed this questionnaire. Any questions that I had were answered to my full satisfaction. I've been informed of my risk stratification and the associated requirements. If my health status or doctor's recommendations for exercise participation should change, I will inform Community Fitness.

1st Class Payment

- Paying for individual class, will choose option #1 or #2 next time (50min = \$9.80 / 75min & 90min = \$14.75)
- Account option #1 ~ filled out monthly membership form (EFT) & *turned in voided check or credit card*
- Account option #2 ~ filled out the pre-pay form & *turned in cash or check for approx 10 classes*
- Guest of drop-in participant - he/she scanned for me (drop-in accounts ONLY)

Participant Signature _____ Date _____ Staff Initials _____