



FITNESS CLASS Registration and Consent Form

PLEASE PRINT

Name: _____ Department: _____

Phone (days): _____ (evenings): _____

Email:

Hitchcock

Other _____

Age: _____

Gender: Female Male

Current exercise (type, frequency and amount):

Physical limitations:

Reason for taking this class:

Mark all that apply to you:

anxiety/panic disorder

surgery in past year

hiatal hernia

recent injuries

hypertension

retinal or intraocular disease

joint disorders

spinal disease

pregnancy

other _____

Please give a *brief* synopsis of your health: _____

Comments: _____

I take full responsibility for my voluntary participation in the activity classes being offered by the Dartmouth-Hitchcock Live Well/Work Well Program. I agree to be gentle and work at my own capacity in the class and when practicing at home. I release the instructor, CCBA, Mary Hitchcock Memorial Hospital and Dartmouth-Hitchcock Clinic from liability resulting from any injury or discomfort from my attendance and participation.

Signature

Date

Please bring this form with you to your first class and give to the instructor before participating in your first class.

Are you ready to increase your exercise or should you see your doctor first?

Physical Activity Readiness Questionnaire (PAR-Q)*

For most people physical activity should not pose any problem or hazard. PAR-Q has been designed to identify adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them before beginning or changing their exercise program.

Please read carefully and answer yes or no to each question.

Common sense is your best guide in answering these questions.

QUESTION	YES	NO
Has your health care provider ever said you have heart trouble?		
Do you frequently have pains in your heart and chest?		
Do you often feel faint or have spells of severe dizziness?		
Has a health care provider ever said your blood pressure was too high?		
Has your health care provider ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise, or might be made worse with exercise?		
Is there a physical or other reason not mentioned here why you should not follow an activity program even if you wanted to?		
Are you over age 65 and not accustomed to vigorous exercise that may increase your heart rate?		

If you answered YES to one or more questions:

Consult with your personal health care provider by telephone or in person before increasing your physical activity. We have enclosed a medical release form on the next page for your convenience.

If you answered NO to all questions:

If you answered the PAR-Q accurately, you should have reasonable assurance of your present suitability for an exercise program.

If you have any questions, please contact the Live Well/Work Well Program at 603-650-5950

_____, 20__

Dear Health Care Provider,

I have recently completed the Physical Activity and Readiness Questionnaire (*PAR-Q*) as directed by the staff of the Live Well/Work Well Health Improvement Program (HIP). Based on my responses, it has been suggested to have your support, guidance and approval before increasing or changing my activity level and engaging a physical fitness program using aerobic conditioning and strengthening equipment. HIP may provide coaching, support, and personal training, however, most activity is voluntary, unsupervised exercise at home or at worksite fitness room.

Thank you for your time in reviewing this matter. If you have any questions or concerns that you would like to discuss regarding this program, please feel free to contact me or the Live Well/Work Well Health Coaching program manager, Marion Cate, at (603) 650-3642 or by email marion.l.cate@hitchcock.org.

Please review my health and functional status and indicate whether I have your consent to participate in a self-monitored activity/fitness program. Please identify any recommendations or restrictions that are appropriate for me in this exercise program (*Please feel free to attach a letter detailing recommendations/restrictions:*

____ No restrictions to exercise – has my approval to begin exercise program.

____ Able to participate, but prior to participation suggest completing a fitness evaluation for level/types of activity and specific recommendations.

____ Do not participate in unsupervised activity.

____ My Other Recommendations:

MD Signature

Date

Please return a copy of this form to Live Well/Work Well:

Fax: (603) 650-3662

Mail:

Live Well/Work Well Program
Heater Rd.
Dartmouth-Hitchcock Medical
Center Lebanon, NH 03756