

Welcome to the D-H Lebanon Fitness Rooms

Attached are the forms you need to complete prior to receiving access to one of the D-H on-site fitness rooms located at: Colburn Hill, DHMC Main Campus, Novell and Heater Road Clinic. Access is granted based on work location.

1. Download the forms and save to your desktop.
2. Complete pages 1,2 & 3.
3. If you answer "no" to all of the questions on page 3 then you may skip page 4.
4. If you answer "yes" to one or more of the questions on page 3, we recommend you share page 4 with your medical provider to receive fitness plan guidance and return to us.
5. Submit pages 1-3 or 1-4 to us for processing.
6. Email back to livewellworkwell@hitchcock.org.
You may also choose to send your forms back to us by interoffice mail to "Live Well/Work Well", or by fax attention to Wendy O'Connell at 603.650.4881.

Once received, we will notify you by email that we have received your request. When processing is finalized, we will email you again with pertinent information regarding use of the fitness room(s) you have access to use.

If you have questions please feel free to contact us at 603.650.5950.

Sincerely,

The LWWW Health Improvement Program Team

INFORMED CONSENT AGREEMENT and RELEASE OF LIABILITY

For Utilization of the Live Well/Work Well Fitness Room and Exercise Programs

PLEASE PRINT NEATLY:

Name: _____ Email Address: _____

Please check one: Staff member House Staff Retiree Volunteer

Department: _____ Work Contact Number: _____

Work Manager: _____ Work Location: _____

Select the Fitness Room you are requesting access to:

Colburn Hill Heater Rd Main Campus, L2, Faulkner Novell

D-H BADGE# - This is located in the bottom right corner on the back of your D-H ID badge;

your request can not be processed without this number:

- In consideration of being allowed to participate in the activities and programs of the Live Well/Work Well program and to use its facilities and equipment, in addition to the payment of any applicable fee, I waive, release and forever discharge the Live Well/Work Well program, Mary Hitchcock Memorial Hospital, Dartmouth-Hitchcock Clinic, and their directors, officers, employees, agents and assigns from any and all responsibilities or liability from injuries or damages that result from my participation.
- I release all of those mentioned, and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf, or in any way arising out of or connected with my participation in any activities of the Live Well/Work Well program, Mary Hitchcock Memorial Hospital, and Dartmouth Hitchcock Clinic, or the use of any equipment of the Live Well/Work Well program.
- I understand that strength, flexibility, and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I understand that fitness activities involve a risk of injury and even death, and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the inherent dangers involved. I agree to assume and accept any and all risks of injury or death.
- I declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation or use of equipment or machinery except as hereinafter stated.

| | | |
|-------------------------|---------------|-------|
| For Office Use Only | Completed by: | Date: |
| Submitted to Security | | |
| Tracked in LWWW systems | | |

- I acknowledge that I have been informed of the possible need for a health care provider's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery.
- I acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my health care provider as to physical activity, exercise, and use of exercise and training equipment so that I might have his/her recommendations concerning these fitness activities and equipment use.
- I acknowledge that I have read and completed the Physical Activity Readiness Questionnaire (PAR-Q) and if required have had a physical examination and been given my health care provider's permission to participate, or that I have decided to participate in activity and use of equipment and machinery without the approval of my health care provider and do hereby assume all responsibility for my participation and/or activities, and utilization of equipment and machinery in my activities.

Please check one:

- I have completed *Are You Ready to Exercise?* (PAR-Q) form and do not require my health care provider's approval before beginning an exercise program and do hereby assume all responsibility for my decision and participation.
 - I have completed *Are You Ready to Exercise?* (PAR-Q) and have received my health care provider's approval before beginning exercise and do hereby assume all responsibility for my decision and participation.
 - I have decided to participate without my health care provider's knowledge and assume all responsibility for my decision and participation.
-
- I understand that all D-H Policies and Codes of Conduct apply while I utilize the Live Well/Work Well program, the fitness room, its equipment or the adjacent bathrooms. Failure to do so may constitute disciplinary action.
 - I have read, understand and agree to abide by all of the rules as detailed on this agreement. I understand that failure to comply with the rules may result in the revocation of privileges to utilize the Live Well/Work Well program fitness room or programs.

*Signature*_____
Date

-
- Checking this button will constitute your signature if submitted electronically

Send This Completed Form To Live Well/Work Well Employee Wellness:**Fax: 603.650.4881****Email: livewellworkwell@hitchcock.org****Interoffice Mail: Live Well/Work Well, Room 227H01**

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

Physical Activity Readiness Questionnaire (PAR-Q)*

PLEASE PRINT

Name: _____ Date: _____

Department: _____

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 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 answered YES to one or more questions:

Consult with your personal health care provider by telephone or in person before increasing your physical activity. For your convenience, please share this medical release form on the next page.

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



<https://employees.dartmouth-hitchcock.org/livewellworkwell.html>

Dartmouth-Hitchcock Medical Center
One Medical Center Drive
Lebanon, NH 03756-0001
Phone (603) 650-5950
Fax (603) 650-4881
livewellworkwell@hitchcock.org

_____, 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, Marion Cate, the Live Well/Work Well Health Improvement Program manager, at (603) 650-5950 or by email livewellworkwell@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) 650-4881

Mail:
Live Well/Work Well Program
Attention: Marion Cate
Dartmouth-Hitchcock Medical Center
Lebanon, NH 03756

*Adapted from the Canadian Society for Exercise Physiology (Societe canadienne de physiologie de l'exercice– Revised 2002