

Personal History:

- 1. ___No___Yes Do you have a family history of heart disease in parents, brothers, or sisters before the age of 55 years?
- 2. ___No___Yes Have you been tested with High Blood Pressure (ex: 140/90mm/Hg) or do you take blood pressure medications?
- 3. ___No___Yes Do you currently smoke cigarettes?
- 4. ___No___Yes Are you a male over 40 or a female over 50 years of age?
- 5. ___No___Yes Do you experience shortness of breath with mild exertion or while sleeping, or have asthma?
- 6. ___No___Yes Do you ever experience swelling around your ankles or pain in your lower legs (calves) when you walk?
- 7. ___No___Yes Has a doctor ever said you have a heart condition or recommended only medically supervised activity?
- 8. ___No___Yes Do you have diabetes mellitus? If Yes, are you taking medication_____ no ____ Yes?
- 9. ___No___Yes Do you have chest pain brought on by physical activity or have you developed chest pain in the past month?
- 10. ___No___Yes Have you experienced heart palpitations or racing heart beat or do you have a known heart murmur?
- 11. ___No___Yes Do you ever lose consciousness or experience dizziness, fainting, or seizures?
- 12. ___No___Yes Are you pregnant or within 6 weeks post-partum?
- 13. ___No___Yes Has a doctor ever recommended medication for your blood pressure or heart condition?
- 14. ___No___Yes Do you have a muscle, bone, or joint problem that could be aggravated by physical activity?
- 15. ___No___Yes Are you aware through your own experience, or doctor's advice, of any other physical reason against your participating in regular exercise?
- 16. ___No___Yes Do you have any other health concerns not listed above that may affect your participation?
Please List:

List any medication(s) you are currently taking, if any.

Medications	For	Began Taking	Comments

Informed Consent:

Since many individuals are unaware of the state of their physical health, it is recommended that you consult with your physician before engaging in any activities, which are part of the **Health Enhancement Department**. The **Phoenix College Health Enhancement Department** wants to help you achieve both physical benefits and enjoyment from its programs. Inherent in any exercise program however, is the risk of injury through improper use of the equipment or imprudent exercise beyond your capability. Prior to beginning this program, you will be instructed in the proper use of the exercise equipment and will be taught how to monitor your Heart Rate and use the Rate of Perceived Exertion Scale. For your own safety and well-being, it is important that you learn how to monitor your Heart Rate and use the Rate of Perceived Exertion Scale. You should faithfully and regularly incorporate them into your exercise program.

I (the student) understand that it is my responsibility to see an instructor on the proper usage of any piece of exercise equipment that I have not been shown how to use or have forgotten how to use. In consideration of the above factors, I, being over the age of 18 or in the capacity of a legal guardian for a person identified below, acknowledge the existence of risks connected with the exercise programs and activities of the **Health Enhancement Department**, agree to assume such risks and agree to accept responsibility for any injuries sustained to me in the course of using the facilities and equipment. More specifically, I acknowledge and accept responsibility for injuries arising out of those activities which involve risks in one or more of the following areas: (a) the use of the exercise equipment; (b) participation in the unsupervised activities which are made available on the running track, in the gym, in the testing room, and in other individual or group activities; (c) participation in individual or group exercising which could result in such injuries or disorders as heart attack, stroke, abnormal blood pressure, abnormal heart rate, nausea, torn muscle, torn ligament, etc. and that I will immediately report any of these unusual signs and symptoms to the nearest instructor or employee of **Phoenix College**; (d) accidents occurring within the auxiliary facilities such as locker rooms, restrooms and showers.

I acknowledge that I will stop participating in my activities and rest if requested by an instructor, due to any unusual signs or symptoms (listed above), which I may be exhibiting from my participation. I specifically grant this waiver of claim for myself and/or on behalf of my ward identified below and will indemnify and hold harmless such institution (**Maricopa County Community College District** and **Phoenix College**) and individuals from any such claims.

I further acknowledge the existence of and a need for certain rules and procedures concerning the use of the equipment, facilities and activities of the **Health Enhancement Department**. I agree to abide by those rules and procedures and shall make every effort to assure that the equipment and facilities are used safely and properly. I also voluntarily give consent to the inclusion of data concerning my health and fitness status to be used for scientific research. I understand that these data used for statistical scientific research will not be used to identify me in any way, and will be treated as privileged and confidential and will not be revealed in individual form to another person without prior written consent.

I have read the foregoing carefully and understand its content. Any questions, which may have occurred to me concerning this informed consent, have been answered to my satisfaction.

Student Signature: _____ **Date:** _____
(or signature of legal guardian if participant is under 18 years of age.)

Instructor Signature: _____ **Date:** _____

Medical Release Required? <input type="checkbox"/> No <input type="checkbox"/> Yes
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Updates:

Student Initial: _____ Date: _____

Medical Release Required? <input type="checkbox"/> No <input type="checkbox"/> Yes
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Instructor Initials: _____ Date: _____

Student Initial: _____ Date: _____

Medical Release Required? <input type="checkbox"/> No <input type="checkbox"/> Yes
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Instructor Initials: _____ Date: _____