

WELCOME TO PBSB STAFF FITNESS ROOM!

Date: _____
Name: _____
Birthdate: _____ Gender: _____
Address: _____
City: _____ State: _____
Place of employment/School Site: _____
Emergency Contact Person: _____
Emergency Contact Phone #: _____

You are taking the first step to improving your health, reducing your risk of heart disease and enhancing your quality of life. Follow the simple steps below to join the Wellness Team.

Complete the application and schedule an appointment with the designated Wellness Nurse at (870)727-9625 for a brief orientation to the equipment and to receive your entry code.

*If you have health condition(s) or you are over the age of 69, you will need to obtain a note from your doctor releasing you to begin an exercise program.

Physical Activity Readiness Questionnaire (PAR-Q) (The PAR-Q is for People Aged 21-69)

Regular physical activity is fun healthy and increasingly more people are starting to become active every day. Being more active is very safe for most people. However, some people should check with their doctor before exercising or participating in a group fitness class.

Physical Activity Readiness Questionnaire (PAR-Q)

Client Name:	Date:	
Date of Birth:	Height:	Weight:
Healthcare Provider:		Phone #:

Being more active is very safe for most people, and for most should not pose any problem or hazard. However, some people should check with their doctor before they start becoming much more physically active.

	Questions	Yes	No
1	Has your doctor ever said that you have a heart condition and that you should only perform physical activity recommended by a doctor?		
2	Do you feel pain in your chest when you perform physical activity?		
3	In the past month, have you had chest pain when you were not performing any physical activity?		
4	Do you lose your balance because of dizziness or do you ever lose consciousness?		
5	Do you have a bone or joint problem that could be made worse by a change in your physical activity?		
6	Is your doctor currently prescribing any medication for your blood pressure or for a heart condition?		
7	Do you know of any other reason why you should not engage in physical activity?		

****If you have answered “Yes” to one or more of the above questions, consult your physician before engaging in physical activity. Tell your physician which questions you answered “Yes” to. After a medical evaluation, seek advice from your physician on what type of activity is suitable for your current condition. If your condition changes throughout the exercise program such that you would answer “Yes” to any of these questions, consult your physician before continuing.***

	Occupational Questions	Yes	No
1	What is your current occupation?		
2	Does your occupation require extended periods of sitting?		
3	Does your occupation require extended periods of repetitive movements? (If yes, please explain below)		
4	Does your occupation require you to wear shoes with a heel (dress shoes)?		
5	Does your occupation cause you anxiety (mental stress)?		
	Medical Questions	Yes	No
6	Have you ever had any pain or injuries (ankle, knee, hip, back, shoulder, etc.)? (If yes, please explain below)		
7	Have you ever had any surgeries? (If yes, please describe below)		
8	Has a medical doctor ever diagnosed you with a chronic disease, such as coronary heart disease, coronary artery disease, hypertension (high blood pressure), high cholesterol or diabetes? (If yes, please describe below)		

9	Are you currently taking any medication? (If yes, please describe below)		
Recreational Questions		Yes	No
10	Do you partake in any recreational activities (golf, tennis, skiing, etc.)? (If yes, please describe below)		
11	Do you have any hobbies (reading, gardening, working on cars, exploring the Internet, etc.)? (If yes, please describe below)		

I have read, understood, and completed this questionnaire to the best of my knowledge. I understand that I am responsible for monitoring my own physical condition throughout the exercise program and should any unusual symptoms occur, I would cease my participation and notify my medical provider of the symptoms.

Name (Printed)

Signature Date

Signature of Parent or Guardian (for participants under the age of 18) Date

WAIVER AND RELEASE:

The undersigned hereby apply to take part in the physical fitness activities conducted by the Pine Bluff School District under the name of PBSB Staff Fitness Room. I have inspected the premises of the PBSB Staff Fitness Center and have been provided all the information requested by me concerning the equipment including the possibility of unexpected physical or mechanical problem occurring both during and after activities. In consideration of the approval and acceptance of my application to take part in activities of the PBSB Staff Fitness Room, I specifically assume all risk of injury or damages to me which may occur either on or off the premises. I hereby for myself, my heirs and administrators and assigns, release and discharge Pine Bluff School District and its operators, employees and agent of and from all claims, demands action, and causes of action of any sort for injuries sustained to my person/or property arising in any way out of participation in the activities in the PBSB Staff Fitness Room, including those that may be caused by negligence or any other fault of any person included within this release. I further represent that if I have any history of medical problems which might be affected by my participation in the activities in the PBSB Staff Fitness Room, that I have the approval of the physician to participate. In Witness Whereof,

I have executed this application and release of all claims on the _____ day of _____, 20____.

I have read and understand the foregoing application release of all claims.

No person may use the facility unless they have signed a Waiver of Liability. The Waiver must be completed prior to scheduling any training in the PBSB Staff Fitness Facility. Rules & Regulations are applicable to all Users and may be changed from time to time by the Pine Bluff School District.

_____ Applicant

_____ Date

Wellness Nurse Use Only:	Date Application Received:	Entry Code Assigned:	Nurse Signature:	Date Approved: