

**MEDICAL AND PHYSICAL ACTIVITY HISTORY**

Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_\_\_

Phone (H) \_\_\_\_\_ - \_\_\_\_\_ (C) \_\_\_\_\_ - \_\_\_\_\_ (W) \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PLEASE CHECK THE FOLLOWING IF "YES"

**PAST HISTORY: *Have you had?***

Rheumatic Fever \_\_\_\_\_  
Heart Murmur \_\_\_\_\_  
High Blood Pressure \_\_\_\_\_  
Low Blood Pressure \_\_\_\_\_  
Disease of Arteries \_\_\_\_\_  
Varicose Veins \_\_\_\_\_  
Lung Disease \_\_\_\_\_

**Please Explain Checked Items:**

Operation \_\_\_\_\_  
Injury to back, knees, ankles \_\_\_\_\_  
Epilepsy \_\_\_\_\_  
Diabetes \_\_\_\_\_  
Heart Attack \_\_\_\_\_  
Chest Pain \_\_\_\_\_  
Other Illness \_\_\_\_\_

**FAMILY HISTORY:**

*Have any relatives had?*

Heart Attacks \_\_\_\_\_  
Heart Operations \_\_\_\_\_  
High Blood Pressure \_\_\_\_\_  
High Cholesterol \_\_\_\_\_  
Diabetes \_\_\_\_\_  
Congenital Heart Disease \_\_\_\_\_  
Other Major Illnesses \_\_\_\_\_

**PRESENT SYMPTOMS:**

*Have you recently had?*

Chest Pain \_\_\_\_\_  
Shortness of Breath \_\_\_\_\_  
Heart Palpitations \_\_\_\_\_  
Cough on Exertion \_\_\_\_\_  
Coughing up Blood \_\_\_\_\_  
Back Pain \_\_\_\_\_  
Arthritis \_\_\_\_\_  
Swollen Legs \_\_\_\_\_  
Use more than 1 pillow for sleep \_\_\_\_\_  
Awaken Short of Breath \_\_\_\_\_

**EMPLOYMENT – JOB DESCRIPTION**

Name of Company \_\_\_\_\_ Position \_\_\_\_\_

**Job Activity Level (Circle one)**

**Sedentary                      Active**

Continued on Back.....

LIFESTYLE – Through adult life, do you feel you have been (check, which applies)

\_\_\_\_ Sedentary (sitting/little walking mostly at work)

\_\_\_\_ A weekend or vacation exerciser

\_\_\_\_ Physically active 1-2 times a week

\_\_\_\_ Physically active more often

How far do you think you walk each day? \_\_\_\_\_miles \_\_\_\_\_minutes

Do you have a regular exercise program at present? No Yes

If yes, describe:

Do you take your pulse during your exercise routine? No Yes

If yes, what is your average heart rate? \_\_\_\_\_

DOES EXERCISING, INCLUDING CLIMBING STAIRS GIVE YOU ANY OF THE FOLLOWING?

\_\_\_\_ Chest pains

\_\_\_\_ Shortness of breath

\_\_\_\_ Pressure over the heart

\_\_\_\_ A tired feeling

\_\_\_\_ Leg Aches

\_\_\_\_ Dizziness

Do you have any injuries that prohibits or interferes with exercising? No Yes

If yes, describe:

#### SMOKING

Do you smoke? No Yes

If yes, what and how much per day? \_\_\_\_\_

Age when you started \_\_\_\_\_

If you have stopped, how long ago? \_\_\_\_\_ & Why?

#### WEIGHT/MEDICATION

What was your weight at age 21? \_\_\_\_\_ Are you now dieting? No Yes Type of Diet:

Please list any current medications you are taking:

#### PERSONAL PHYSICIAN

Name \_\_\_\_\_ Phone \_\_\_\_\_ Clinic \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Date of last Physical Examination? \_\_\_\_\_

Have you ever had an EKG? If yes, when? \_\_\_\_\_

Have you ever had a Stress Test? If yes, when? \_\_\_\_\_

#### IN CASE OF EMERGENCY

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_



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### SIGNS AND SYMPTOMS OF OVEREXERCISE

1. Lightheadedness
2. Dizziness
3. Nausea
4. Extreme, shortness of breath
5. Elevated heart rate beyond target heart rate
6. Muscle cramps
7. Side stitch/ache
8. Chest pain

If you experience any of these symptoms during exercise, slow down. You may be pushing yourself too hard. If symptoms persist, STOP and rest. If resting does not alleviate the discomfort, please inform a staff member or CALL YOUR PHYSICIAN.

### EXERCISE SAFETY TIPS

These safety precautions below apply to your exercise session(s) at the Wellness Center as well as at home.

1. Always start exercise with a warm-up and finish with a cool-down period.
2. Avoid hurrying thru exercise. It is better to exercise longer at a lower intensity than to exercise at a high intensity for short periods of time. One should be able to carry on a conversation during exercise, if not, you are exercising too hard!
3. Read body signs for over exercise.
4. Avoid aggravating exercises. If you have any chronic injury, such as low backache, avoid any exercise that may cause discomfort.
5. Do not exercise when ill.
6. Do not take a hot shower immediately afterwards.
7. Try to wait 1-2 hours after meals to exercise.
8. Good supportive shoes are important.
9. You do not have to be an athlete. Any amount or type of exercise is better than none at all.
10. Do not expect too much too soon. It may take four to six weeks before you'll notice improvements.

## Wellness Center Program Information

- Orientation to become a member - \$25.00
- Monthly membership fee - Single: \$32.00, Couple: \$55.00, Family: \$65.00, Senior (55+): \$28.00, Senior Couple: \$50.00, Corporate: \$25
- Membership fees are due the 30<sup>th</sup> of each month (28/29 February) for the following month
- Guest fee - \$6.00/visit Consents and waivers must be signed before exercising
- Exercise & stretch classes M-W-F @ 8-8:30 AM, M-W-F 1:30-2:00 PM and T-TH 11:00-11:30AM
- Aerobics classes are also included in membership. Various aerobics, cycling, strength training and toning classes are offered. Non-members may purchase punch cards. Monthly class schedules are available at the front desk.
- Body Composition Profile – Free to members
- Personal training and tanning are also available at an added expense.

Wellness Center hours are Monday thru Thursday 5:00AM-9:00PM, Friday 5:00AM-6:00PM, Saturday 7:00AM-4:00PM, and Sunday 10:00AM-4:00PM. The front doors of the Medical Office Building will be unlocked every morning accordingly with the time the Wellness Center opens.

The Wellness Center is reserved for 60 Minutes to Better Health, which is a monitored class, M-W-F from 10:00AM-11:00AM and M-W-F afternoons from 2:30PM-3:30PM. They have priority over the machines. However, you can still workout in the Wellness Center during these times; we just ask that you be cooperative with us in regard to the equipment. Thank you!

All members will be given a key tag. This tag will serve as your way of signing in and our way of keeping track of member usage; so please remember to bring it with you when coming to exercise. If you lose your key tag there will be a \$5.00 replacement fee.

Wellness members are encouraged to participate in educational classes offered without charge. These classes cover a variety of “wellness” concepts. Watch for any announcements on when these classes may be offered.

### **COURTESY TO OTHER PARTICIPANTS**

Please be courteous to other participants in using equipment properly. If the Center is busy, please limit your time/use of one piece of equipment. If necessary, please wipe perspiration off of equipment with a towel when you are finished. No cleated shoes or sandals on the treadmills. Make sure shoes are free of dirt and mud. Cell phones are allowed in the facility, but we discourage their use while working out on the equipment for your safety. Please be courteous of the other members if you need to take a call while in the center. Thank you!

## **LOCKER ROOMS**

The locker rooms contain lockers, showers, and bathrooms if you wish to use them. Lockers may be rented. Valuables should not be left in the locker rooms unless locked in lockers. The Wellness Center is not liable for lost or stolen items. Individual small or large lockers are available for rental at an additional fee. If you wish to rent one, a six or twelve month payment option is required. Check with receptionist for availability and payment of locker rental.

## **SAUNAS**

Sauna use is available for members. Please be sure to follow guidelines as posted in sauna room.

## **TOWELS/CLOTHING/TRASH**

Towels are provided; you can get them at the front desk. Please return towels to the laundry bag when leaving. Proper exercise clothing is encouraged, especially good supportive shoes. No smoking, food or drink allowed in the exercise area; only water is allowed.

## **CHILDREN**

Children under the age of 14 are not allowed on the equipment. Please do not let children play on the equipment for their safety and others.

## **IN CASE OF FIRE**

Please stop exercise and close all doors to the exercise area. Remain in the exercise area and listen for further instructions. If it becomes necessary to evacuate, you will be directed to the nearest and safest exit. As with any emergency situation, use common sense and do evacuate if you see fire or smoke. There are two fire exits: one on the South side and one to the North of the Wellness Center.

## **IN CASE OF TORNADO**

Please stop exercise and follow the tornado plan posted by the sink. If there is allotted time, please make your way to the basement of the Medical Office Building; if there is not enough time to get to the basement, seek shelter in the East corridor away from all windows; a staff member will remain there with you. You are responsible for following this plan; do not wait for Wellness staff to direct you.

## **IN CASE OF INJURY**

Notify staff or dial "0" for the operator or "4000" for the nurses' station and identify the problem and your location, so they know you are in the exercise area.



I, \_\_\_\_\_, (participant), hereby voluntarily agree to participate in a health and fitness assessment designed to collect certain information regarding my current health status as it relates to my participation in an exercise program. I agree to truthfully disclose to the best of my ability, accurate information about my health status and I assume all risks for inaccuracies.

I understand that the assessment made and the fitness tests administered are in no way a substitute for an examination by my physician, do not serve diagnostic purposes, and are no guarantee that I am fit to exercise. The assessment and testing procedures I undergo are designed to:

1. Attempt to screen certain high-risk individuals from participation in an exercise program, who must first receive a physician's approval.
2. Provide information to the participant with regard to limitations and design of a fitness program for exercise.
3. Establish health and fitness baselines that would be used for evaluation purposes.

I understand that if I have any of the following conditions, I must receive my physician's approval before participating in an exercise program:

1. Respiratory disease
2. Uncontrolled high blood pressure
3. Insulin-dependent diabetes
4. Morbid obesity
5. Signs or symptoms of heart disease
6. Pregnancy
7. Seizure disorder

I understand my participation in any exercise classes or programs through the Wellness Center is in no way a substitute for the medical care rendered by my personal physician.

I am aware that the practice of exercise is not an exact science and I acknowledge that no guarantees have been made concerning the benefits or risks involved to me participating in such activity.

I agree to assume any and all risk involved in or arising for my use of the facility including, risk of death, bodily injury, the unavailability of emergency medical care, or the negligence or deliberate acts of another person. I further agree to hold York General Hospital, Inc., its officers, directors, employees, and agents completely harmless from any and all claims, causes of action, injuries, damages, costs or expenses arising out of my use of or presence upon York general Hospital Inc.'s property and facilities. I further agree to indemnify it from any and all claims, causes of action, damages, judgments, costs or expenses, including attorney fees, which in any way arise from my use or presence upon property and use of said facilities.

I am aware of the risks and possible discomforts that my participation in the program may bring on, such as:

1. Adverse body signs and symptoms
2. Muscle-joint soreness and/or injuries
3. Potential life-threatening cardio respiratory problems

If during the initial evaluation or participation in Wellness activities it is recommended that I consult my physician, I accept responsibility for doing so.

I agree to make every effort to utilize the facility and equipment properly and make every effort to apply the exercise principles that I taught. I understand that should my health status change or should my prescribed medications change, I must assume responsibility for informing the Wellness Center staff of those changes immediately.

I understand that a physician is not present during any component of this program. If physical injury should occur as a consequence of my participation in this program:

1. Basic first aid and CPR will be available to me
2. Expenses for medical care beyond immediate on-site first aid will not be assumed by the hospital or any of the staff

I am aware that I may elect not to participate, or that I may withdraw participation at any time letting staff members know, in writing, three business days ahead of the automatic withdrawal system.

I understand that if my blood pressure should exceed 160/100, I will not be allowed to exercise without a doctor's written permission.

I will also exercise within the prescribed THR (target heart rate) set for me by the staff. I agree to abide by all the policies and procedures of the Wellness Center.

All information obtained as a result of my utilization of the facility for participation in any programs would be treated as privileged and confidential. This information may be used for billing, statistical, or scientific purposes with my right of privacy mentioned.

This agreement shall be binding upon personal representatives, my successors, assigns and me.

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(Participant's Signature)

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(Date)

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(Wellness Staff)

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(Time)

MEDICAL CLEARANCE GUIDELINES

Because of the acute risks involved in participation in exercise classes, medical guidelines have been established by Kenneth Cooper, MD, from the Aerobic Center in Dallas, Texas. Dr. Cooper suggests:

- Under 30:** You can start exercising if you have had a checkup within the past year and the doctor found nothing wrong with you.
- 30 to 39:** You should have a checkup within three months before you start exercising. The examination should include an electrocardiogram (EKG) taken at rest
- 40 to 59:** Same as for the 30-39 age group with one important addition. Your doctor should also take an EKG to check your heart while you are exercising. Your pulse rate during the test should approach the level it would during aerobic workouts.
- Over 59:** Same as the 40-59 age group except that the examination should be performed immediately before embarking in any exercise program.

(Please sign and return appropriate form)

**PHYSICIAN'S CLEARANCE:**

After reading the foregoing guidelines, I have visited my physician. My physician and I agree that I am physically able to participate in the \_\_\_\_\_ exercise program which is a low level exercise program monitored by heart rate and perceived exertion.

\_\_\_\_\_  
Participant's Signature                      Date                      Physician's Signature

**PHYSICIAN'S WAIVER**

I understand the need for program entry guidelines and medical clearance. Even though my present health status may suggest a physician's clearance, I wish to participate in the \_\_\_\_\_ at my own risk. I agree to indemnify and hold harmless the instructor of the Wellness Center, facility, York General Hospital Wellness Program. In case of injury to myself, I hereby waive all claims against the organizers and/or instructors.

\_\_\_\_\_  
Participant's Signature                      Date



YORK GENERAL  
WELLNESS CENTER  
INTERVIEW AND ORIENTATION

I understand that I am responsible for the Initial Fee of \$25.00 for the interview and orientation to the exercise program. This fee is addressed to cover start-up expenses for new participants in addition to the orientation of the facility safety policies, including, but not limited to: TORNADO POLICIES, FIRE PLAN, EMERGENCY PLAN, and proper and safe function and use of equipment. A basic exercise plan and program will be reviewed and set up with you according to your individual needs. This may require more than one scheduled appointment with one of the staff members. There is NO additional fee for these subsequent visits.

Fitness Testing will also be offered, but not required as a part of your orientation. This is important to establish your current fitness status. Four different components of fitness will be checked. 1) Aerobic testing, 2) Muscular fitness, 3) Flexibility, and 4) Body composition. Initial testing is no charge, subsequent testing will be \$10.00 each session. Testing will be done initially, (if so desired), then in 3 months, 6 months, and 1 year to check your progress.

Should you discontinue the program for a period of more than one year or have a medical condition requiring a revised exercise program, there is a re-orientation fee of \$10.00.

This fee for the Wellness Exercise Program is as follows:

Single Monthly Fee	\$32.00	55+ Monthly Fee	\$28.00
Couple Monthly Fee	\$55.00	Senior Couple Monthly Fee	\$50.00
Family Monthly Fee	\$65.00	Corporate Monthly Fee	\$25.00

Aerobic step/floor exercise classes are included in this fee!

*\*These fees apply for unlimited use of the exercise center whether you attend one time during the month or 30 times*

Payment for the initial evaluation/orientation and first month's usage of the Wellness Center is due at the time of appointment. Automatic withdrawal will begin with the next payment. Participant may elect monthly or quarterly payments on the 30<sup>th</sup> of the preceding month. A written notice of at least 3 business days in advance of the 30<sup>th</sup> of the month is required to suspend that payment. Another option of payment would be to pay one year membership thus eliminating the automatic withdrawal. Reimbursement for annual payments will be granted with a medical release from a physician, less a \$25.00 processing fee.

I, the undersigned, understand the above policy and am aware that I am financially responsible for such fees.

(Participant's Signature) \_\_\_\_\_ (Date) \_\_\_\_\_  
(Wellness Staff) \_\_\_\_\_