

HEALTH QUESTIONNAIRE

Last Name: _____ First Name: _____ M.I.: _____

Date of Birth: _____ Telephone: _____ Sex: M F
(Home) (Work or Cellular)

Address: _____
Street Address City, State Zip Code Student ID number

In case of emergency please contact:

Name: _____ Telephone: _____
Last Name, First Name and M.I. Relationship (Home) (Work)

Address: _____
Street Address City, State Zip Code

Doctor: _____
Name Address Telephone Preferred Hospital

Do you have now or have you ever had any of the following?

	Yes	No		Yes	No
High Blood Pressure			Smoke Cigarettes, any number _____		
High Cholesterol			History of Fainting		
Unusual fatigue or shortness of breath			Exercise induced Asthma		
Feel pain in chest, jaw or neck when exercising			Currently Pregnant? If YES, Due Date: _____		
Unexplained rapid beating of Heart			Inject Insulin Hormone		
Family History of Heart Disease			Arthritis		
Allergies. List if yes: _____			Epilepsy		
Heart Condition (murmur, arrhythmia, chest pain, bypass surgery, heart attack, other heart surgery)			Orthopedic Problem		
Taking medication currently. List if yes: _____					

Does your physician know you are planning to participate in an organized exercise program? Yes ____ No ____

Have you had a complete physical within the last year? Yes ____ No ____

Instructor Signature _____ Date _____ MD Referral Recommended: Yes ____ No ____

VOLUNTARY ACTIVITIES PARTICIPATION FORM ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK

ADULTS: I, _____, wish to participate in activities at Cañada College's Fitness Center.

MINORS: I authorize **my son/daughter**, _____, to participate in activities at Cañada College's Fitness Center.

I understand and acknowledge that these activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate in such activities.

I understand and acknowledge that some of the injuries/illnesses which may result from participating in these activities include, but are not limited to, the following:

- | | | |
|--------------------|--------------------------|------------------------------|
| 1. Sprains/strains | 4. Paralysis | 7. Head and/or back injuries |
| 2. Fractured bones | 5. Loss of eyesight | 8. Death |
| 3. Unconsciousness | 6. Communicable diseases | |

I understand and acknowledge that participation in these activities is completely voluntary. I also understand and acknowledge that in order to participate in these activities, I (and my son/daughter, if minor) agree to assume liability and responsibility for any and all potential risks which may be associated with participation in such activities.

I understand, acknowledge, and agree that the district, its employees, officers, agents, or volunteers shall not be liable for any injury/illness I, (my son/daughter, if minor) suffer which is incident to and/or associated with preparing for and/or participating in this activity.

I acknowledge that I have carefully read this VOLUNTARY ACTIVITIES PARTICIPATION FORM and that I understand and agree to its terms.

I certify that the above statements are true and correct to the best of knowledge:

Participant Signature

Date

(MINORS ONLY)

Parent/Guardian Signature

Date

INFORMED CONSENT FOR THE FITNESS CENTERS

Cañada College, College of San Mateo, Skyline College

EXPLANATION OF EXERCISE PROGRAM:

The exercise in which you will become involved in the Fitness Center will follow progressive exercise levels and will be supervised by an instructor. You may perform exercise using free weights, cardiovascular machines and other exercise equipment. Exercise intensity will begin at a low level and be increased in stages depending on your fitness level.

RISKS AND DISCOMFORT:

During the exercise sessions you may experience local muscular soreness and slight fatigue. These minor discomforts may appear in the early stages of the program; however, as the conditioning process continues with regular attendance, the discomforts should disappear.

Metabolic changes occur during and following exercise. The reaction of the cardiovascular system to activity cannot always be predicted with complete accuracy. Changes of concern include abnormalities of blood pressure or heart rate, and in rare instances, cardiac complications. You are advised to monitor yourself constantly for any abnormal changes in blood pressure; dizziness/fainting; irregular, fast or slow heart rhythm; or chest pain.

Every effort will be made to minimize these risks by evaluation of the preliminary health information that you provide and by the observations of the instructor while you are in the Fitness Center. Instructors are trained to deal with unusual situations and an Emergency Medical Plan will be activated if necessary. You are advised to STOP exercising at any time because of signs of undue fatigue or changes in your heart rate or blood pressure.

RESPONSIBILITY OF PARTICIPANT:

Information you possess about your health status or previous experiences of unusual feelings with physical effort may affect your safety while exercising. Your accurate reporting of this information on the preliminary questionnaire is critical. The information on the health questionnaire will be kept confidential. Your prompt reporting to the instructor any unusual feelings while exercising is of great importance.

BENEFITS TO BE EXPECTED:

The results obtained from a regular, frequent exercise program will improve your current level of fitness. No guarantees of improvement can be made because it is related to the frequency, regularity and intensity of your participation. Instructors will assist you in individualizing your exercise program to maximize gains and minimize risks.

INQUIRIES:

Before signing this form, please feel free to ask any questions regarding any aspect of this Fitness Center that may be unclear to you. Take as much time as necessary to think it over or to discuss your participation with your physician.

FREEDOM OF CONSENT:

I voluntarily choose to participate in the Fitness Center at **Cañada College** in order to improve my physical fitness level and my general health habits. I have read and I understand the above statements. I understand that the exercise that I will perform has risks and discomforts. Knowing these risks and discomforts, and having had an opportunity to ask questions that have been answered to my satisfaction, I consent to participate in the exercise program at **Cañada College**. I also understand that **Cañada College** recommends that I have a medical clearance from my physician before I start an exercise program.

Student Signature: _____ **Date:** _____

Parent Signature (if student under 18yrs): _____ **Instructor Initials:** _____