

CURRENT HEIGHT	CURRENT WEIGHT
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MEDICAL HISTORY

HAVE YOU EVER HAD:

<input type="checkbox"/> Headaches	<input type="checkbox"/> Fainting
<input type="checkbox"/> Convulsions/Seizures	<input type="checkbox"/> Weakness of an arm or leg
<input type="checkbox"/> Dizzy spells	<input type="checkbox"/> Double vision
<input type="checkbox"/> Stomach or bowel problems	<input type="checkbox"/> Indigestion during exercise
<input type="checkbox"/> A feeling of fullness, tightness, heaviness or pain in your chest	
<input type="checkbox"/> Chest discomfort or chest pain radiating to jaws, shoulders, elbows, down either arm or between shoulder blades	

PAST OR CURRENT ORTHOPEDIC OR NEUROLOGICAL LIMITATIONS:

Have you ever had surgery or injury to your neck, back, arms or legs? If so, explain _____

Do you have any restrictions or limitations regarding arm or leg movement or your ability to lift? If so, explain _____

LIST ANY PRESCRIBED OR OVER THE COUNTER MEDICATIONS YOU ARE NOW TAKING:

LIST ANY SERIOUS ILLNESSES AND/OR DISEASES YOU HAVE HAD:

LIFESTYLE HISTORY

How do you describe the stress in your everyday life? Slight Moderate High

How do you describe the stress in your job? Slight Moderate High

How do you describe your lifestyle? Sedentary Active Heavy labor

EXERCISE HISTORY

In what sports or recreational activities are you active? _____

How long each session? _____ How often? _____

MEMBERSHIP AGREEMENT

All exercise and participation is done at the risk of the member or his/her guest. Ascension St. John Medical Center and its management are not liable for personal injury.

By signing this application, the member understands and agrees that he/she waives his/her rights and the rights of his/her heirs, administrators, executors, successors and assigns to all claims arising out of the use of the premises and the membership including but not limited to personal injury, including bodily injury and death, and all property damage.

By signing this application, I indicate that I have read the above and fully understand and agree to the terms of this application.

SIGNATURE _____ DATE _____