



MEDICAL PRE-SCREENING FORM

Today's Date _____

Circle One: **New Member Renewal Class (es):** _____

Age: _____ Date of Birth: _____ Social Security Number: _____

Name: _____ E-Mail Address: _____

Address: _____ City: _____ Zip Code: _____

Home Phone #: _____ Work Phone #: _____

Doctor's Name: _____

Address:		Phone:	
Emergency Contact Name:		Phone:	
Member Signature:		Date:	
Section 1			
		YES	NO
Are you a male age 45 or older?			
Are you a female age 55 or older?			
Do you have cardiovascular disease?	Please Explain:		
Do you have a respiratory illness?	Please Explain:		
Do you have diabetes?			
Are you pregnant or postpartum? Please indicate due date:			
Have you had surgery or been hospitalized within the past 12 months? Please Explain:			

Do you have a bone, joint or musculoskeletal problem that could/may be aggravated by physical activity? If yes, please circle all that apply: Wrist Elbow Shoulder Neck Upper Back Ankle Lower Back Foot Knee Hip Tendonitis Carpal Tunnel Arthritis Fibromyalgia		
Do you have any chest discomfort with exertion?		
Do you have a strong or throbbing heartbeat or a racing heart?		
Do you have a heart murmur?		
Do you have shortness of breath at rest or with mild exertion?		
Do you have unusual fatigue or shortness of breath with usual activities?		
Do you have any other medical conditions for which a physician has recommended some restrictions on activity? Please Explain:		

Section II

Height: ___ Weight: _____

	YES	NO
Has your father or brother suffered a heart attack before age 55?		
Has your mother or sister suffered a heart attack before the age of 65?		
Do you have high blood pressure or are being treated for blood pressure problems?		
Do you have high cholesterol or are being treated for cholesterol problems?		
Do you currently smoke? Circle the one that applies to you: Never Smoked Quit this last year Used to Smoke Still Smoke		
Are you physically inactive? (Inactive = less than 30 minutes of regular exercise, 3 days per week)		

Section III

What are you currently taking medication for? (please check all that apply)

Blood Pressure Cholesterol Sugar / Diabetes Heart (including aspirin)

Other Medication

(Please circle: vitamins, minerals, herbal, asthma, thyroid, epilepsy, birth-control, over-the-counter)

Are you currently taking any medications that effect your heart rate? Yes No _____

Please describe any barriers that keep you from exercising: _____

Please list you health and fitness goals:

Moving ME Forward Informed Consent. Release and Indemnity Agreement

In consideration of being accepted into this program, I do, on behalf of myself and my heirs or personal representatives and assigns, release and discharge Moving ME Forward, Mustang Fitness, Central Maine Conditioning Clinic and Bates College and all of their respective officers, employees, directors and agents from any claims or demands which I may have now or may have at any time in the future resulting from any illness or injury as a result of my participation in any exercise program.

I understand that the tests included may be one or more of the following: 1) Cardiovascular Fitness Testing 2) Muscle Strength & Endurance 3) Flexibility 4) Body Composition Analysis 5) Blood Pressures. I also understand that every effort is made to promote my wellbeing, and referrals by my physician may need to take place. I am aware that a Medical History form may be sent to my physician upon the decision of the Staff. I understand that the Physician will return the form directly to the Moving Me Forward office or one of their professionals when completed. I also understand that if my physician limits my exercise routine, my program will be prescribed accordingly and certain testing may have to take place before I continue with the Moving ME Forward Exercise Program.

In signing this consent form I state that I have read and understood the description of the program. Any questions, which occur to me, have been answered to my satisfaction. I enter into the program willingly and may withdraw at any time, and accept all of the risk of my decision to participate in the Program. There are no refunds given. I certify that I am in good physical health and have no limitations other than those I listed, which may predispose me to risk during this program.

I understand that information obtained from the questionnaires, evaluations, or health information gained during the exercise program will be treated as privileged and confidential and will not be released without my express written consent. I understand that this information may be used, however, for statistical and/or scientific purposes without infringing on my right to privacy. I approve of periodic forwarding to my physician of data obtained from my evaluations. I agree to look to my physician for medical care. If I experience ANY unusual symptoms during exercise, I will alert the instructor to the nature of the problem IMMEDIATELY.

I release the right to all photographs taken during classes and/or events of the Moving ME Forward and Mustang Fitness program to Moving ME Forward program for current and future publicity purposes.

I, for myself and my heirs, personal representatives and assigns agree to indemnify Central Maine Conditioning Clinic, Moving ME Forward, Mustang Fitness Center and Bates College and agree to hold them harmless from any and all claims for damage or injury, including damage to property and personal injury arising in connection with my participation in the Moving ME Forward Program or use of Bates College facilities, including their respective costs of court and reasonable attorneys' fees.

Signature of Applicant

Date