

UPMC COLE WELLNESS CENTERS

Health History Questionnaire

Name:

First Name

Last Name

Phone Number:

Area Code

Phone Number

Birth Date:

Month Day

Year

Address:

Street Address

Gender

Male

Female

Street Address Line 2

City

State / Province

Age:

Postal / Zip Code

Email:**Height:**

example@example.com

Weight:**Workplace:****Emergency Contact:**

First Name

Last Name

Work Phone Number:

Area Code

Phone Number

Emergency Contact Number:

Area Code

Phone Number

Emergency Contact Relationship:

Do you have a heart condition?

YES
NO

Have you ever experienced a stroke?

YES
NO

Do you feel pain in your chest when you engage in physical activity?

YES
NO

Do you have emphysema?

YES
NO

Do you have epilepsy?

YES
NO

Are you pregnant?

YES
NO

Do you have diabetes?

YES
NO

Has a physician ever told you or are you aware that you have high blood pressure?

YES
NO

**ANSWERING "YES" TO ANY OF THESE QUESTIONS ABOVE
REQUIRES DOCTOR'S NOTE TO EXERCISE.**

Do you have chronic bronchitis?

YES
NO

In the past month, have you had chest pain when you were not doing physical activity?

YES
NO

Do you ever lose consciousness, or lose control of your balance, due to chronic dizziness?

YES
NO

Has anyone in your immediate family had a heart attack, stroke, or cardiovascular disease before the age of 55?

YES
NO

Have you had any surgeries in the past 12 months?

YES
NO

Are you currently being treated for a bone or joint problem that restricts you from engaging in physical activity?

YES
NO

Do you currently smoke?

YES
NO

Are you currently taking any medications?

YES

NO

If you answered yes, please list.

Are you currently exercising LESS than one hour per week?

YES

NO

If you answered yes, please list.

Assumption of Risk for Participation in Use of UPMC Cole Facilities

I understand and acknowledge that participating in physical activities and using the facilities or equipment at UPMC Cole's Wellness Centers involves inherent risks, including the possibility of death, serious neck and spinal injuries leading to paralysis, heart attacks, and injuries to bones, joints, or muscles. I voluntarily use these facilities and equipment, fully aware of these potential dangers. I also understand that UPMC Cole's Wellness Centers are unsupervised, and no staff are present to monitor my activities. Therefore, I accept full responsibility for and assume all risks of any bodily injury, death, or property damage, whether caused by ordinary negligence or otherwise, that may arise from my observation, participation in physical activities, or use of the facilities and equipment at UPMC Cole's Wellness Centers.

Release of Liability, Agreement Not to Sue, and Waiver of Rights

I hereby release, waive, discharge, and agree not to sue UPMC Cole's Wellness Centers, including its directors, officers, employees, and authorized contractors and agents (collectively, the "Released Parties"), from any and all liability for loss, damage, or any claim or demand arising from injury to my person or property, or resulting in my death, regardless of whether caused by the ordinary negligence of the Released Parties or otherwise. This includes any connection to my presence at, upon, or around UPMC Cole's Wellness Centers, my observation of or participation in physical activities, or my use of the facilities or equipment.

Signature
