

EXERCISE REGISTRATION

**ASHE SERVICES FOR AGING
SENIOR CENTER
180 CHATTYROB LANE
WEST JEFFERSON, NC 28694
336-246-4347**

NAME: _____
 LAST FIRST MIDDLE

ADDRESS: _____

PHONE NUMBER: _____ DATE OF BIRTH: _____

IN CASE OF EMERGENCY NOTIFY: _____

EMERGENCY CONTACT PHONE NUMBER: _____

DOCTOR'S NAME: _____

DOCTOR'S PHONE NUMBER: _____

HEALTH HISTORY: (CHECK ANY CONDITIONS THAT APPLY TO YOU)

- | | | |
|------------------|--------------------------|---------------------------|
| _____ BRONCHITIS | _____ FAINTING | _____ HIGH BLOOD PRESSURE |
| _____ ARTHRITIS | _____ HEART PROBLEMS | _____ KIDNEY TROUBLE |
| _____ DIABETES | _____ LOW BLOOD PRESSURE | _____ SEIZURES |

LIST MEDICATIONS YOU ARE CURRENTLY TAKING:

DO YOU WEAR GLASSES: YES ___ NO ___

DO YOU WEAR CONTACTS: YES ___ NO ___

DO YOU SMOKE: YES ___ NO ___

SIGNATURE: _____

DATE: _____

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Many health benefits are associated with regular exercise. For most people physical activity should not pose any problem or hazard. Please fill out the form below which has been designed to identify the small number of adults for whom physical activity might be inappropriate.

Common sense is your best guide in answering these few questions. Please read them carefully and check the space marked yes or no opposite the question.

YES NO

- ___ ___1. Has your doctor ever said you have heart trouble?
- ___ ___2. Do you frequently have pains in your heart and chest?
- ___ ___3. Do you often feel faint or have spells of severe dizziness?
- ___ ___4. Has a doctor ever said your blood pressure was too high?
- ___ ___5. Has your doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise or might be made worse with exercise?
- ___ ___6. Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to?
- ___ ___7. Are you over age 65 and not accustomed to vigorous exercise?
- ___ ___8. Did you exercise prior to coming to the Senior Center and how often? _____

If you answered yes to one or more questions and if you have not recently done so, consult with your doctor by telephone or in person before increasing your physical activity. Tell your doctor what questions you answered yes to. After medical evaluation, seek advice from your doctor as to your suitability for unrestricted physical activity starting off easily and progressing gradually.

If you answered no to all questions, you have reasonable assurance of your present suitability for a graduated exercise program – a gradual increase in proper exercise promotes good fitness development while minimizing or eliminating discomfort.

Postpone exercise if you have a temporary minor illness, such as common cold.

SIGNATURE _____

DATE _____

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If any participant chooses to use the Exercise Facilities of the Ashe Services for Aging Senior Center and this use results in the onset or complications of any medical condition and/or injury, Ashe Services for Aging will not be held liable for any damages. If a participant is determined to need supervision while exercising, for their own safety, they must be accompanied by another adult. The Senior Center staff cannot provide supervision.

Activities may not be suitable for everyone.

Signature _____

Date _____