



SWIM & SCUBA CENTER

Aqua Fitness

Health Risk Appraisal/Informed Consent

Name _____ Phone _____

Address _____ City _____ State _____ ZIP _____

Gender _____ Age _____ Email _____ Due Date _____

Emergency Contact: Name _____

Relationship _____ Phone _____

Please answer the following questions. (please circle)

- 1. Have you ever been advised by a doctor to avoid exercise Y N
- 2. Do you smoke? Y N
- 3. Has your doctor indicated that you should lose weight? Y N
- 4. Ever have heart or lung problems? Y N
- 5. Have high blood pressure? Y N
- 6. Have or had asthma, breathing problems, shortness of breath? Y N
- 7. Have orthopedic problems, back pain, arthritis? Y N
- 8. Are you currently taking any prescribed medications Y N

Please list: _____

9. When did you last see your doctor? _____

10. History of any of the following in your immediate family? (Please circle)

STROKE HIGH BLOOD PRESSURE DIABETES CANCER HEART DISEASE ASTHMA ANEMIA

It is recommended that people who are over the age of 40 (for men) or 50 (for women) who have answered YES to one or more of the above questions should see a physician to get approval to participate in a vigorous aerobic activity.

Participants who choose not to seek a physician's approval before beginning a fitness program must assume the risks of participating in an exercise program.

It is important to keep your instructor informed about any change in health status that occurs during the fitness program.

Signature of Participant

Date