



THE CHATHAM CLUB

Health & Activity History

Join Date _____

Trainer _____

FCV _____

Name _____ Date of Birth _____

Email Address _____ Cell Phone # _____

Emergency Contact _____ Relationship to Member _____ Emergency Contact Phone # _____

Physician's Name _____ Physician's Phone # _____

All responses are confidential. This form will be maintained as part of your permanent record at The Chatham Club and shall not be released without your written consent.

1. Have you ever been told that you have heart conditions? ♥
 yes no

If yes, check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Heart Attack (myocardial infarction or thrombosis) | <input type="checkbox"/> Heart murmur |
| <input type="checkbox"/> Angina pectoris (chest pain) | <input type="checkbox"/> Mitral valve prolapse |
| <input type="checkbox"/> Congestive heart failure | <input type="checkbox"/> Abnormal EKG |
| <input type="checkbox"/> Other _____ | |

2. Have you ever been told you have high blood pressure? ♥
 yes no

3. Are you presently taking medications for high blood pressure?
 yes no
Name of medication _____

4. Have you ever been told that you have diabetes or high blood sugar? ♥
 yes no
If yes, please answer questions 5 & 6

5 At this time are you on a diet prescribed by your physician to control your blood sugar levels?
 yes no

6 Are you presently taking medications for diabetes?
 yes no

Medication _____

7 Have you ever been told that you have a thyroid condition?
 yes no

If yes, name of medication _____

8 Do you have a history of respiratory problem (asthma, emphysema...)?
 yes no

Type of respiratory problem: _____

9 Do you have a history of epilepsy/seizures?
 yes no

10 Do you have any current or chronic orthopedic/musculoskeletal limitations? ♥
 yes no

- | | | | |
|-------------------------------|--------------------------------|-----------------------------------|--------------------------------|
| <input type="checkbox"/> neck | <input type="checkbox"/> knee | <input type="checkbox"/> shoulder | <input type="checkbox"/> other |
| <input type="checkbox"/> back | <input type="checkbox"/> ankle | <input type="checkbox"/> elbow | |
| <input type="checkbox"/> hip | <input type="checkbox"/> foot | <input type="checkbox"/> wrist | |

11 Please list any medication you are now taking and its purpose:
(please include over the counter cold/allergy remedies)

Name of medication: _____ Purpose: _____

Name of medication: _____ Purpose: _____

Name of medication: _____ Purpose: _____

Name of medication: _____ Purpose: _____

Name of medication: _____ Purpose: _____

12 Has any member of your immediate family (father, mother, brother, or sister) ever had heart problems (heart attack, chest pain or angina, bypass surgery, angioplasty) prior to the age of 50?
 yes no ♥

If yes, please describe:

Family Member:	Type of Heart Problem:	Age of Onset:
1. _____		
2. _____		
3. _____		

13 Do you smoke?

yes no

If no, have you quit in the past six months? yes no

14 Have you ever had a problem controlling your weight?

yes no

Since age 21, what is the most/least you have weighed? (excluding pregnancies)

Most _____ Least _____

15 Check the answer that best represents the amount of stress you experience on your job.

- | | |
|---|---|
| <input type="checkbox"/> no stress | <input type="checkbox"/> frequent high stress |
| <input type="checkbox"/> occasional mild stress | <input type="checkbox"/> constant high stress |
| <input type="checkbox"/> frequent moderate stress | |

16 Do you know what your cholesterol level is? ♥

yes no

If yes, please specify _____

17 Do you engage in physical activity at least twice a week?

yes no

If yes, please indicate type of activity, average length per session and how long you've been exercising.

Activity	Length/Session	How Often
Brisk walking	_____	_____
Jog/Run	_____	_____
Cycling	_____	_____
Swimming	_____	_____
Squash	_____	_____
Aerobics	_____	_____
Other	_____	_____

18 As a member of The Chatham Club, I would like to accomplish the following goal(s):

For example: decrease body fat, increase endurance, muscle strength, etc.

1. _____
2. _____
3. _____
4. _____
5. _____

19 Are you interested in one-on-one personal training?

yes no

WAIVER AND RELEASE FORM

Because physical exercise is strenuous and can subject you to the risk of serious injury or death, The Chatham Club (the "Club") urges you to obtain a physical examination from a doctor before using any exercise equipment or participating in any exercise activity. You agree that if you engage in any physical exercise or activity or use any Club equipment or amenity, whether on or off Club property, including any Club sponsored event, you do so entirely at your own risk. Any recommendation for changes in your diet, including the use of any food supplement, weight reduction and/or body building enhancement product, are entirely your responsibility and you should consult a doctor prior to undertaking such change. You agree that you are voluntarily participating in Club activities and voluntarily using Club equipment and facilities and that you assume all risks of injury, illness or death. Additionally, the Club is not responsible for any loss to your personal property.

This waiver and release of liability includes, without limitation, death and all injuries which you may incur as a result of, (a) your use of Club amenities and equipment and your participation in any Club activity, class, program, personal training or instruction, (b) the sudden and unforeseen malfunctioning of any Club equipment, (c) Club instruction, training, supervision or dietary recommendations, (d) your slipping and/or falling while in the Club or on Club property, including adjacent sidewalks and parking areas, and (e) any damages to your vehicle while on Club property.

You acknowledge that you have carefully read this "waiver and release" form and fully understand that it is a release of liability. You expressly agree to release and discharge the Club and its owners, affiliates, employees, agents, representatives, successors and assigns from any and all claims or causes of action you may have and you agree to voluntarily give up and waive any right that you might otherwise have to bring a legal action against the Club for death, personal injury or property damage.

To the extent that statutory or case law does not prohibit waivers and releases for negligence, this waiver and release is also for negligence on the part of the Club and its owners, affiliates, employees, agents, representatives, successors and assigns.

If any portion of this waiver and release is determined to be invalid by a court of competent jurisdiction, then the remainder of this waiver and release shall remain in full force and effect and the offending provision or provisions shall be severed.

By signing this waiver and release, I acknowledge that I understand its contents and that this waiver and release cannot be modified orally.

WAIVER AND RELEASE OF LIABILITY AS DESCRIBED ABOVE

Member/Guest Signature

Date