



Semper Paratus Fitness Center Application Form



I am interested in using the USCG Semper Paratus Employee Health and Fitness Center Facilities.

Name _____ Date _____

Agency _____

Office Telephone Number _____

Complete this application and return to the Semper Paratus Employee Fitness Center, Coast Guard Headquarters Building, ground floor.

Health History Questionnaire

Fill out the questions below to the best of your knowledge.

Civilian Military Active Retired Military

SEX- Male Female

AGE- Below 30 30-39 40-49 50-59 60 or more

WEIGHT- Not Overweight 10% Overweight 20% + Overweight

BLOOD PRESSURE-

Is your blood pressure currently high? Yes No

Were you ever told your blood pressure was high? Yes No

Blood pressure not known.

Are you on medication for high blood pressure? Yes No

What type of medication? _____

Has a physician ever advised against exercise? Yes No

When? _____

What type of exercise were you advised against? _____

SMOKING-

Never smoked

Former smoker; Quit (give date) _____

Cigars Yes No

Current smoker; Less than one pack per day

How many weekly? _____

One pack per day

Pipe Yes No

More than one pack per day

How many weekly? _____

CHOLESTEROL-

Were you ever told your cholesterol was high? Yes No

Current cholesterol level: Less than 220 MG%
 220-300 MG%
 More than 300 MG%

Does anyone in your family have high cholesterol? Yes No

Who? _____

Would you like to have your cholesterol checked? Yes No

DIABETES-

Do you have Diabetes Mellitus? Yes No

What type of medication: Diet Pills Insulin

CORONARY PROBLEMS-

a. Heart Attacks Yes No

b. Heart Surgery Yes No

If YES, give date(s): _____

Present condition: _____

Medication: _____

c. Angina Yes No

If YES, Medication: _____

FAMILY HISTORY OF HEART ATTACK-

Have any close relatives had a heart attack (parents, sister, brother, or grandparents)? Yes No

At what age? _____

EXERCISE-

Work Sedentary: Desk bound; little walking
 Active: Walking, Stairs, 1 mile/day
 Vigorous: Causes perspiration
Leisure Sedentary: Little physical activity
 Active: Golf, tennis, walking 1 mile/day
 Vigorous: Running etc., causing perspiration

OTHER HEALTH OR PHYSICAL PROBLEMS/LIMITATIONS-

Past: _____

Present: _____

Treatment: _____

APPLICANT SIGNATURE: _____

Date: _____



**U.S. COAST GUARD
EMPLOYEE HEALTH AND FITNESS PROGRAM**

Exercise Consent and Release Form

I certify that I am physically able to participate in any type of regular fitness activities. Activities available at the USCG Fitness Center include: supervised exercise classes (aerobic, strength and flexibility training), non- structured cycling, rowing; universal gym and free weight training, walking and/or jogging. I have a reasonable basis for this opinion due to examination and/or consultation with my physician.

I also certify that I will use good judgment while exercising and will not over exert. If I have any questions regarding my workout, I will consult the Fitness Center staff; if I have any questions regarding my health, I will consult my physician. I recognize that I am responsible for knowledge of my own state of health, and I will advise the Fitness Center staff of any health problems related to exercising.

RELEASE

In consideration of my usage of the U.S. Coast Guard Employee Fitness Center, I, intending to be legally bound for myself, my heirs, executors, and administrators, do hereby release and discharge the U.S. Coast Guard and the United States Government, any and all sponsors, jointly and severally, from any and all liability for illness, injuries and damages I may incur and/or suffer arising out of or resulting from my participation in exercise classes and/or usage. I hereby represent and certify that I am over eighteen years of age and that I have carefully read the forgoing Release and know and understand the contents thereof, and that I sign it of my own free will.

This is a RELEASE - - - READ BEFORE SIGNING

Print Name

Signature of Employee

Date

Agency / USCG Administration

Telephone Number