

**UCI**

**Name:** \_\_\_\_\_

**Mail Stop:** \_\_\_\_\_

## **GET FIT FOR LIFE!**

### **JOIN THE PREVENTIVE HEALTH FITNESS CLUB**

Welcome to the Preventive Health Fitness Club! The Preventive Health Fitness Club is designed to serve individual needs and aspirations. Whether you are a seasoned athlete in need of some training tips or just want to get started on an effective exercise program, Preventive Health can help.

**To join the Preventive Health Fitness Club, you must complete the:**

- \* Physical Activity Readiness Questionnaire (PAR-Q) Form**
- \* Release form and return both forms to Preventive Health at MS 1032, fax 505-844-4091 or email to [hbe@sandia.gov](mailto:hbe@sandia.gov)**

All Preventive Health Fitness Club members must be medically cleared to participate in an exercise program. This medical screening process may take anywhere from one day to approximately two weeks, depending upon your health status. You will receive notification of your medical clearance as soon as possible.

Upon joining, Sandia employees have unlimited access to Preventive Health fitness classes and/or individualized exercise assessments and consultations. Sandia contractors have access to Preventive Health fitness classes as space permits. Preventive Health requires participants to complete a PAR-Q every two years.

Contact 505-844-HBES (4237) or [hbe@sandia.gov](mailto:hbe@sandia.gov) with questions.

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## Physical Activity Readiness Questionnaire (Par-Q)

Name \_\_\_\_\_ SS # \_\_\_\_\_

Work Phone \_\_\_\_\_ Org/MS \_\_\_\_\_

Date of Birth \_\_\_\_\_ Which Preventive Health service/activity do you plan to participate in? \_\_\_\_\_

For most people physical activity should not pose any problem or hazard. The Par-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

Common sense is your best guide in answering these questions. Please read them carefully and check **YES** or **NO** if it applies to you. If a question is answered with **YES**, ***please use the available space to explain your answer and give additional details.***

1. Has a doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?  YES  NO
  2. Do you feel pain in your chest when you do physical activity?  YES  NO
  3. In the past month, have you had chest pain when you were not doing physical activity?  YES  NO
  4. Do you lose your balance because of dizziness or do you ever lose consciousness?  YES  NO
  5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?  YES  NO
  6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?  YES  NO
  7. Do you know of any other reason why you should not do physical activity?  YES  NO
  8. Do you currently participate in any regular activity program designed to improve or maintain your physical fitness.  YES  NO  
If yes, what activity program do you participate in? \_\_\_\_\_
-

**Medical History**

Cardiovascular Disease Risk Factor

**Has a doctor or health professional ever told you that you have any of the following conditions?**

- Heart Disease
- Family history of heart disease
- High Blood Pressure
- High Cholesterol
- Obesity
- Lack of physical activity
- Diabetes
- Impaired fasting glucose
- High HDL (negative risk factor)

**Do you have any of the following?**

- Back Pain
- Joint, tendon, or muscular pain
- Lung disease (asthma, emphysema, etc.)

**Please explain:**

Medication Use

**Are you currently taking any of the following medications:**

- Blood Pressure Medication
- Cholesterol Medication
- Blood Sugar Medication
- Heart Medication
- Other Medication(s).

**Please list:**

**Which best describes your current smoking status?**

- I have NEVER smoked or quit more than 6 months ago?
- I CURRENTLY smoke or quit within the last 6 months.

Overall State of Health

**How would you rate your overall state of health?**

- Poor
- Good
- Fair
- Excellent

**For Medical Use Only**

Cleared to participate  with  without restriction  
 based on review of  Par-Q  Chart  Discussion with patient  Exam

Restriction: \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Reviewed by Preventive Health Staff

\_\_\_\_\_  
Date

**Please return these forms to Preventive Health  
mailstop 1032, fax 505-844-4091, or email: hbe@sandia.gov**

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## RELEASE FORM FOR PARTICIPATION IN A SANDIA PREVENTIVE HEALTH FITNESS PROGRAM

I hereby request the opportunity to participate in an exercise program consisting of physical exercise designed to improve cardiovascular efficiency, improve flexibility and develop muscular strength and endurance. I hereby acknowledge that my participation in such program is entirely voluntary on my part. My participation does not arise out or in the course of employment with Sandia Corporation and is not a requirement of any such employment. Such participation is solely for my own pleasure and benefit.

I will be taught how to properly operate all equipment necessary for my participation. I realize that the physical fitness equipment provided can be potentially dangerous and that if I am unsure of the proper operation of any equipment, I should ask for assistance from the fitness staff. In addition, I understand that I should immediately cease using any malfunctioning equipment and report to the fitness staff equipment in need of repair.

It is possible that certain unhealthy changes may occur during exercise (e.g., dizziness/fainting, abnormal heart rhythms, and in rare instances, heart attacks). I hereby accept all risks of such changes. The information which is obtained through this program will be confidential and become a part of my Sandia medical records. The data obtained, however, may be used for statistical purposes.

In consideration of acceptance of my participation in such program, I hereby release Sandia, the United States Government, and all officers, directors, employees and agents (as a group and as individuals) of any of the foregoing for liability for any injury or damage sustained by me while participating in such a program.

\_\_\_\_\_  
(Sign Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(last 4 digits of social security number)

\_\_\_\_\_  
(Org./MS))

**Please return these forms to HBE Preventive Health  
mailstop 1032, fax 505-844-4091, or email: [hbe@sandia.gov](mailto:hbe@sandia.gov)**