HEALTH RISK ASSESMENT

****One Form For Each Person Joining****

Date _____ Member Number _____

Name _____

Personal Physician _____ Phone _____

Emergency Contact:

Name _____ Phone _____

Three (3) or more conditions marked "yes" require a medical clearance

	YES	NO
Are you a male greater than the age of **55**?		
Are you a female greater than the age of **45**?		
Are you a current (or quit within the past 6 months) **smoker**?		
Has your doctor ever diagnosed you with a **cholesterol** problem?		
Do you have **high blood pressure**?		
Are you **overweight or obese**?		
Are you **diabetic** (or borderline diabetic)?		
Has a physician/health care provider ever told you that you have: **heart disease** or **vascular disease**?		

Please check any condition you currently have or had in the past:

____ Angina
____ Angioplasty
____ Bypass Surgery
____ Defibrillator
____ Heart Attack
____ Heart Failure
____ Heart Murmur
____ Heart Valve Surgery
____ Irregular Heart Beats
____ Pacemaker
____ Stroke (TIA/ mini stroke)

Are you on any medications for the following:

YES NO (Please circle one)

____ Blood pressure
____ Heart issues
____ Cholesterol
____ Blood sugar

Within the past year, have you experienced any of the following during your everyday activity:

____ Ankle swelling
____ Dizziness/Fainting
____ Leg pain/discomfort (while walking)
____ Pain or discomfort in the chest, neck, jaw or arms
____ Rapid or pounding heartbeat
____ Shortness of breath during your daily routine
____ Shortness of breath that wakes you from sleeping
____ Unusual fatigue

For any checked above, has the issue been evaluated by your health care provider recently? When?_____

Do you have any other health concerns that our staff should be aware of in order to provide you with excellent service? (Example: asthma, lung disease, osteoporosis, pregnancy, recent fall(s), etc.)

YES NO (Please circle one)
If "yes," please list and explain: _____
_____
_____

Consent and Release

In consideration of my voluntary registration into CrossFit Q.F.E., I hereby attest that the information I have provided above is true to the best of my knowledge. I hereby, release Southeastern Health agents from any and all claims of damage, demands, and actions that may arise from any participation in a fitness program. I release and hold harmless CrossFit, and CrossFit's officers, affiliates, directors, agents, staff, volunteers, suppliers, licensors, licensees and employees from and against any and all actions, judgments, settlements, claims, liabilities, losses, damages, expenses, and costs (including court costs and attorney's fees), including, without limitation, for any property damage, personal injury, death or any action, claim, liability, loss, damage or expense against Affiliate based on Affiliate's operation of Affiliate's business or premises.

Date _____ Signature _____

Staff Signature_____