

UA-Little Rock  
Fit/Well  
Donaghey Student Center

### Health History

A health history is to be filled out by any person participating in a UALR Fit/Well program

Please print

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State and Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Gender  Date of Birth \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Classification:  T# \_\_\_\_\_

Have you ever been diagnosed with and of the following? (Check all that apply)		
<input type="checkbox"/> HEART DISEASE	<input type="checkbox"/> DIABETES	<input type="checkbox"/> ARTHRITIS
<input type="checkbox"/> HEART ATTACK	<input type="checkbox"/> LUNG DISEASE	<input type="checkbox"/> HERNIA
<input type="checkbox"/> IRREGULAR HEARTBEAT	<input type="checkbox"/> ASTHMA	<input type="checkbox"/> TENDONITIS
<input type="checkbox"/> ANGINA	<input type="checkbox"/> HYPOGLYCEMIA	<input type="checkbox"/> BURSITIS
<input type="checkbox"/> HIGH BLOOD PRESSURE	<input type="checkbox"/> CANCER	<input type="checkbox"/> OSTEOPOROSIS
<input type="checkbox"/> STROKE	<input type="checkbox"/> BACK PROBLEMS	<input type="checkbox"/> DIZZINESS
<input type="checkbox"/> HIGH CHOLESTEROL	<input type="checkbox"/> FOOT PROBLEMS	<input type="checkbox"/> OTHER
<input type="checkbox"/> EPILEPSY	<input type="checkbox"/> JOINT/TENDON PROBLEMS	
Additional Questions		
Are you taking any prescription medication? Y / N If yes, Please list on <b>next page</b> .		
Have you had surgery in the past year? _____		
If so, please specify: _____		
Have you had any injury in the past year? _____		
If so, please specify: _____		

Physician's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State & Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Do you want to become a group fitness instructor?  Yes  No

<b>Additional Questions</b>	
Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you taking any prescription medication? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list: _____ _____	
Do you have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please list: _____ _____	
<b>Exercise History</b>	
Are you currently involved in regular cardiovascular exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No (ex. walking, aerobics, swimming, treadmill, etc.)	
If yes, please specify type of exercise: _____	
_____ Minutes/day	_____ Days/week
If no, how long have you been inactive? _____	
Are you currently involved in a weight training and/or conditioning program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain your current program: _____ _____ _____	
_____ Minutes/day	_____ Days/week

I hereby certify that the above information is accurate. Based on the information provided, I understand that I may be required to obtain medical clearance before participating in the Fit/Well's Personal Training/Personal Programs/Group Exercise and other programs.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

UA-Little Rock Campus Recreation  
Fit/Well Programming  
LIABILITY WAIVER

In consideration of my being permitted to use the UA-Little Rock Donaghey Student Center, Fitness and Aquatics Center staff, facilities, and equipment and on behalf of myself and my family, I \_\_\_\_\_ hereby release the UA-Little Rock

(print first and last)

Donaghey Student Center and Campus Recreation, employees, agents, and all others who are involved from liability for injury, death, or loss suffered by me while using the facility, equipment of in any way associated with participating in any and all center activities now or in the future, resulting from ordinary negligence of the Donaghey Student Center, its employees or its agents.

By this agreement, I assume full responsibility for any and all injuries and damages which may occur to me (including loss or theft of property) as a result of negligence on the part of UA-Little Rock Donaghey Student Center and Campus Recreation or its employees, in, on, or about the facility premises.

I affirm that I am voluntarily participating in facility activities and further affirm that there are inherent risks in all health, fitness and aquatic activities, that I am aware of and accept these risks, and that I assume all responsibility for personal injury, death, or loss resulting from these inherent risks.

I acknowledge that it is strongly suggested that I consult with a physician before beginning any exercise program.

If any part of this waiver is found to be invalid, it has no effect on any other part of this waiver.

I affirm that I have read this waiver and sign voluntarily.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**