

UC Santa Barbara WorkStrong PAR-Q & Informed Consent

Client Name: _____

Client Email: _____

Department: _____

Client Phone: _____

Client Health History

Yes	No	
		Has your doctor ever said you have heart trouble?
		Have you ever had an abnormal EKG or graded exercise EKG?
		Do you frequently have pains in your heart and chest?
		Do you often feel faint or have dizzy spells?
		Has a doctor ever said your blood pressure is too high? ____/____
		Have you ever been told you have high cholesterol? Level _____
		Are you a diabetic?
		Do you smoke? Length of time _____ # per day _____
		Has a doctor ever told you that you have a bone or joint problem such as arthritis that might be made worse with exercise?
		Is stress a major factor in your life? Cause(s) _____
		Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to? Explain _____

Describe any muscular or joint problems that might be aggravated by exercise: _____

List all surgeries: _____

INFORMED CONSENT

By signing this Consent Agreement, I am requesting and consenting to a personalized recovery program that may include resistance training and/or cardiovascular exercise. I have discussed the program with the WorkStrong Coordinator and/or Trainer.

I have been informed and understand that there is risk of injury to anyone who participates in a physical recovery program, and that injuries such as sprains, dislocations, fractures, disc injuries, strokes or even death can occur. I do not expect the Trainer to be able to anticipate and/or explain all such risks and complications. The WorkStrong Coordinator/Trainer has evaluated my condition as it may affect or be affected by my personalized recovery program. I understand that failure to disclose any health problems or limitations may increase the risk of personal injury. During the course of the program, the Trainer agrees to use his/her best judgment, based on knowledge of any such disclosed physical limitations, in assisting me in the activities. If my health condition changes during the course of the program, I agree to inform the Trainer promptly.

I understand that if I give less than 24 hours to cancel/reschedule a workout, I may waive my right to the entire session. After reading the Consent Agreement and after having an opportunity to ask questions about the personalized recovery program, I agree to its terms and also to assume all risk of personal injury while I am participating in the WorkStrong Program.

Signature

Date

