

Baptist Health Medical/Release Form

Print Name: _____ Cell Phone: _____

Work Place: _____ Work Phone: _____

Home Address: _____ Home Phone: _____

Reason for being able to join:

Affiliate ____ 55 Plus ____ Employee ____ Renew ____ Under employee account ____

If a Baptist Employee provided you with a membership what is their name? _____ and what department do they work in? _____.

If you have been diagnosed by your physician as having any of the following medical conditions, you will not be eligible to participate in the Baptist Medical System Fitness Center until your physician has given written approval.

1. Previous Heart Attack (within last 5 years)
2. Known or suspected cardiac heart disease
3. Heart condition controlled by medication
4. Pacemaker (fixed rate)
5. Uncontrolled high blood pressure (no medication)
6. High blood pressure controlled by medication
7. Acute systemic or infectious illness, (i.e., mono, hepatitis fever, viral infection)
8. Uncontrolled metabolic disease (i.e. diabetes, etc)
9. Pregnant

I hereby acknowledge that I have read the preceding prior to signing and have not had any of the above stated conditions:

Signature: _____ Date: _____

READ QUESTIONS BELOW AND CHECK YES OR NO

Answering yes or no will not necessarily prevent you from being a Fitness Center Member. We need to know so we can advise you of acceptable exercises for your particular needs and safety.

Do you have any orthopedic injuries, past or current (i.e. back, neck, knee, etc...)?

yes ____ No ____

If yes please explain: _____

Are you under a physicians care at this time? Yes ____ No ____

If yes please explain: _____

Any current injuries at this time? Yes ____ No ____

If yes please explain: _____

Do you know of any past or present condition that would prohibit or limit y our physical training?

Yes ____ No ____ If yes please explain: _____

Are you currently taking prescription medicine? Yes ____ No ____

If yes please explain: _____

This is to certify that I release Baptist Medical System and/or Baptist Rehabilitation Institute, its employees and agents from any liability whatsoever which may result from or being associated, with my use of the B.H.R.I Fitness Center and its equipment as well as the B.H.R.I Community Pool: facilities, classes, and equipment.

*Signature: _____ Date: _____