Normandale Lake Office Park Wellness Center

Health History Questionnaire

Please Print Clearly

PERSONAL INFORMATION					
NAME	LAST		FIRST		
EMAIL		DATE OF BIRTH	____/____/____	EMPLOYER	

MEDICAL HISTORY		
YES	NO	
☐	☐	Have you ever had a heart attack?
☐	☐	Have you ever had coronary bypass surgery or angioplasty?
☐	☐	Have you ever had a stroke?
☐	☐	Have you ever been diagnosed with high blood pressure (systolic > 140mmHg or diastolic > 90mmHg)?
☐	☐	Have you ever been diagnosed with high cholesterol (total cholesterol > 200mg/dl or HDL< 35 mg/dl)?
☐	☐	Have you ever been diagnosed with diabetes (Type 1 or Type 2)?
Have you ever experienced any of the following?		
☐	☐	Known heart murmur
☐	☐	Pain or discomfort in chest and surrounding areas
☐	☐	Heart flutters or fast heart rate at rest
☐	☐	Pain in limbs that is alleviated by rest but returns with activity
☐	☐	Unusual fatigue or shortness of breath with regular activity
☐	☐	Unusual breathing patterns
☐	☐	Dizziness or fainting
☐	☐	Ankle swelling
Do you have any of the following conditions?		

☐	Asthma	☐	Emphysema	☐	Bronchitis	☐	Hernia
☐	Anemia	☐	Hypoglycemia	☐	Thyroid problem	☐	Cancer
☐	Epilepsy	☐	Phlebitis	☐	Cirrhosis	☐	Arthritis

☐	☐	Do you have chronic back pain or other bone/joint difficulty? Please Specify _____
☐	☐	Are you pregnant?

HEALTH RELATED BEHAVIORS		
YES	NO	
☐	☐	Do you smoke or use tobacco products? If yes, how often? _____
☐	☐	Sedentary lifestyle – combination of a sedentary job with no regular physical activity
☐	☐	Are there any other medical conditions that may affect your use of the fitness center?
		Please explain: _____
Please use the space below to list any medications you are current taking and why you are taking each.		

If you have questions about your health, it is recommended that you consult your physician. Your health is our primary concern. As such, some medical conditions may require us to ask for your physician's approval prior to you participating in any fitness center programs.

I herby verify that the to best of my knowledge, the information I have provided on this form is accurate, and furthermore agree to inform the fitness center staff of any changes in my health status.

SIGNATURE		DATE	_____/_____/_____

HealthSource Solutions is HIPAA compliant. Your information is confidential and secure. All forms are stored in locked file cabinets.

Normandale Lake Office Park Wellness Center

Informed Consent and Waiver

I would like to participate in the Normandale Lake Office Park Wellness Center including its exercise programs and fitness testing. However, I understand that there may be risks associated with physical activity. Therefore, I hereby consent voluntarily, to exercise and use the wellness center at my own risk. I further agree to:

- Exercise according to my fitness level and capabilities.
- Ask for assistance from a fitness professional when using pieces of equipment or performing exercises with which I am unfamiliar.
- Stop exercising and report immediately to a fitness professional any symptoms of chest pains, shortness of breath, fatigue, or feeling faint.

I understand that the ultimate responsibility for the proper utilization of the facility and equipment is with me.

Also, in consideration of acceptance for membership into the Normandale Lake Office Park Wellness Center and intending to be legally bound, I do hereby for myself, my heirs, administrators, representatives and assigns, waive and forever release the Normandale Lake Office Park Wellness Center, NorthMarq Real Estate Services LLC and ML-AI Normandale, LLC and any companies related to them, as well as their directors, employees, and representatives and HealthSource Solutions (hereinafter "Related Parties") from any and all claims for damages or personal injury arising from such membership or use of the Normandale Lake Office Park Wellness Center facilities or equipment. I accept full responsibility for damage to or loss of clothing, equipment, eyeglasses, etc. Further, in the event of any injury, I do hereby give my permission and consent to authorize such first aid and/or medical and/or hospital care or treatment as deemed appropriate.

I have read and agree to the Informed Consent and Waiver above and will comply with all rules and regulations set forth by the administration and/or governing body of the Normandale Lake Office Park Wellness Center facility.

Signature: _____ Date: _____

Print Name: _____

☐ Male ☐ Female

Company Name: _____

Building & Suite: _____

My card number is (last 5-digits) _____