UC Irvine Anteater Recreation Center/UCIMC Fitness Facility
WorkStrong
PAR-Q & Informed Consent

For internal purposes only.

Client Name ____________________________
Emergency Contact Name and 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, called WorkStrong, 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.

__________________________________________  ______________________________________
Signatures  Date

workSTRONG
University of California