

YEAR: 20\_\_\_\_  
FA\_\_\_\_ SP\_\_\_\_ SU\_\_\_\_

## PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

Student ID Number @ \_\_\_\_\_

Print Name Legibly: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male\_\_\_\_ Female\_\_\_\_

Telephone: (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_

Place Color Coded Here

Regular physical activity is healthy and safe for most people. However, some people should check with their physician before they start becoming more physically active. If you are planning on becoming more physically active than you are now, you should start by filling out this questionnaire and undergoing a medical examination from your personal physician. This questionnaire is not a substitute for a medical exam and should be answered as accurately and honestly as possible. If you feel you have any medical conditions that may be harmful to you, Norwalk Community College strongly recommends that you seek medical attention before beginning an exercise program.

### General History

yes no

1. Do you exercise regularly? \_\_\_\_ \_\_\_\_

2. Have you ever been diagnosed with:  
Cardiovascular disease/condition \_\_\_\_ \_\_\_\_  
Metabolic disease (i.e, diabetes) \_\_\_\_ \_\_\_\_  
Renal disease \_\_\_\_ \_\_\_\_

3. At what exercise intensity do you plan to train?  
Light (very easy) \_\_\_\_ \_\_\_\_  
Moderate (somewhat hard) \_\_\_\_ \_\_\_\_  
Vigorous (very hard) \_\_\_\_ \_\_\_\_

4. Have you ever been told by a physician not to exercise? \_\_\_\_ \_\_\_\_

5. Have you had surgery or been hospitalized in the past year?  
Please Specify \_\_\_\_\_

6. Do any of the following apply to you?  
-Liver Disorder/Disease \_\_\_\_ \_\_\_\_  
-High Blood Pressure \_\_\_\_ \_\_\_\_  
-High Cholesterol \_\_\_\_ \_\_\_\_  
-Stroke \_\_\_\_ \_\_\_\_  
-Currently Pregnant \_\_\_\_ \_\_\_\_  
-Abnormal Menstrual Cycle \_\_\_\_ \_\_\_\_

### Cardiovascular History

yes no

1. While at **REST** or **WALKING CASUALLY**, do the following apply to you?

-Chest Pain (angina) \_\_\_\_ \_\_\_\_  
-Shortness of Breath \_\_\_\_ \_\_\_\_  
-Pain in Arms/Legs \_\_\_\_ \_\_\_\_

2. Do you have a known heart condition? \_\_\_\_ \_\_\_\_  
Please Specify \_\_\_\_\_

### Pulmonary History

yes no

1. Do any of the following apply to you?

-Asthma \_\_\_\_ \_\_\_\_  
-Emphysema \_\_\_\_ \_\_\_\_  
-Sport Induced Asthma \_\_\_\_ \_\_\_\_  
-Current Smoker \_\_\_\_ \_\_\_\_  
-Sleep Apnea \_\_\_\_ \_\_\_\_

### Musculoskeletal History

yes no

1. Do any of the following apply to you?

-Arthritis \_\_\_\_ \_\_\_\_  
-Osteoporosis \_\_\_\_ \_\_\_\_

### Neurologic History

yes no

Do you have a known neurologic disease or condition? \_\_\_\_ \_\_\_\_

Please Specify \_\_\_\_\_

### Medical History

yes no

1. Are you currently on any medications? \_\_\_\_ \_\_\_\_

Specify: \_\_\_\_\_

*Please complete the back of the page.*

Verified By \_\_\_\_\_

## Emergency Contact Information

In case of an emergency we should call:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

ONLY if you have an existing medical condition that is being treated by a physician:

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please List any allergies that you may have:

_____	_____
_____	_____
_____	_____
_____	_____

\*\*\*\*\*Date of last Physical Exam\*\*\*\*\* \_\_\_\_\_

*Does not need to be an exact date but should be at least a month and year*

Signature \_\_\_\_\_ Date \_\_\_\_\_  
.....

# **PITNEY BOWES FOUNDATION WELLNESS CENTER**

## **RULES AND REGULATIONS**

### **REGISTRATION AND ENTRY REQUIREMENTS**

Prior to using the facility it is required that all persons obtain a NCC photo ID, read the new member packet, sign the rules and regulations form and complete a standard Physical Activity Readiness Questionnaire (PAR-Q). Anyone who has not completed these steps will not be permitted to use the Wellness Center.

Anyone using the facility must present a valid NCC photo ID and sign in every time the facility is used.

All NCC users are expected to behave appropriately and act with maturity when using the facility. All minors (age 17 and under) are required to complete an equipment orientation with one of our NCC Wellness Attendants prior to being allowed in the facility. For general safety, trained staff may determine that certain equipment will be restricted from use, pending findings from the equipment orientation. A qualified NCC Wellness Attendant will always be available and should be consulted if any minor has questions or concerns using a piece of equipment or exercise.

Proper workout attire – sneakers, warm-up suit, t-shirt, gym, bike or basketball shorts – must be worn during exercise. All members must wear shirts and may not be barefoot at any time. (No boots, sandals, cleats of any kind, dress shoes, jeans, jean shorts or pants with metal rivets or any other inappropriate attire)

### **LOCKER ROOM USAGE AND PERSONAL BELONGINGS**

Semester lockers can be reserved on a first-come-first-serve basis. You must provide your own lock. Half and full-sized lockers are only to be used during the time an individual is in the center. All items stored or left overnight in half or full size lockers will be removed. NCC is not responsible for removed locks.

All bags, jackets, and personal items must be left in lockers at all times. They are not permitted in the Wellness Center.

NCC is not responsible for lost or stolen items. It is strongly recommended that personal belongings of value not be kept anywhere in the Wellness Center.

### **EQUIPMENT SAFETY AND USAGE**

All equipment should be wiped down after use each time, using the cleaner disinfectant provided.

Immediately report all damaged or broken equipment to a Wellness Attendant on duty.

If all cardio equipment is being used please limit yourself to 20 minutes on each piece of equipment.

Always stop any cardio machine before dismounting safely.

If something falls between cardio machines, do not attempt to retrieve the item yourself. Notify the Wellness Center Attendant on duty so they may safely get it for you.

All those using free weights over the head, face and chest region must have a spotter present and clips must be used at all times. The Wellness Attendant on duty can assist if a spotter is required.

All plates and dumbbells must be re-racked when you are done using them. Do not drop, throw or smack weights together. Our equipment is not designed for Olympic lifts, which is why they should not be performed in our facility.

### **EXPECTED BEHAVIOR AND CONDUCT**

Be courteous to all supervisors, employees, students, faculty and staff using the facility. The use of loud and/or profane language or music is unacceptable and will not be tolerated.

The Wellness Center is to be used for health-fitness (exercise) related activities only. This facility, including the locker rooms, is not intended for casual socializing or visiting friends if you are not engaging in exercise.

Under no circumstances are any individuals who are not qualified NCC Wellness or Exercise Science staff permitted to provide exercise testing, prescription or professional consultation of any kind. Solicitation of personal training services, or any other services, is not acceptable at any time.

No chewing gum at any time. No food or beverage other than water or sports drinks are allowed at any time.

iPod, cell phones, etc. may only be used with headphones or ear buds.

All phone conversations must take place outside of the facility.

### **ACCEPTANCE OF TERMS AND CONDITIONS**

*Having read all of the above rules and regulations required for use of the Pitney Bowes Foundation Wellness Center at Norwalk Community College (NCC), I fully understand what is expected of me as a willing patron. All of my questions regarding these rules and regulations have been answered clearly and to my satisfaction. I hereby agree to abide by the above rules and regulations of the Pitney Bowes Foundation Wellness Center at NCC. Violation of these rules and regulations may revoke the privilege to use the facility for the remainder of the academic term.*

STUDENT/EMPLOYEE ID \_\_\_\_\_ Date: \_\_\_\_\_

Name Printed \_\_\_\_\_  
(Please print clearly)

Signature: \_\_\_\_\_