

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 NCC Wellness Attendant \_\_\_\_\_

## Emergency Contact Information

In case of an emergency we should call:

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

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

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

*\*please complete entire address for emergency contact, even if same as previous address listed.*

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 \_\_\_\_\_

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**PITNEY BOWES FOUNDATION WELLNESS CENTER  
RULES AND REGULATIONS  
REGISTRATION AND ENTRY REQUIREMENTS**

Prior to facility use, it is required that all patrons 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 COVID-19 Campus Policy applies to all patrons of the Wellness Center. Updated COVID-19 Policy will be posted via signage throughout the Wellness Center. COVID-19 Operations state that a patron can only enter the facility for one (1) of the designated sessions scheduled for that day (see hours of operation). Maximum occupancy of the Wellness Center is twenty (20) people under the current social distancing recommendations. Once the facility meets capacity, no other patrons will be allowed to enter and must return for a later session.

All NCC patrons 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 locker registration has been suspended for the Fall 2021 semester. Only designated half and full-sized lockers will be available for use during the time a patron is exercising in the center. You must provide your own lock. All items stored or left overnight in half or full-size lockers will be removed. NCC is not responsible for removed locks or personal items.

All bags, jackets, and personal items must always be left in lockers. 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**

To ensure social distancing, only use the equipment that is available and does not have signage stating the equipment is unable to be used.

All equipment must be wiped down after use each time, using the cleaner disinfectant provided. Please try not to directly spray cleaning solution on the equipment. Instead spray the paper towel and then wipe the equipment.

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 always be used. 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**

All patrons must adhere to COVID-19 Campus Policy. This may include wearing masks and maintaining social distance. There will be updated signage throughout the facility and you can ask a Wellness Attendant if you are unsure of policy.

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, programming, or professional consultation of any kind. Solicitation of personal training services, or any other services, is not acceptable at any time.

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

Cell phone or electronic use 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 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 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: \_\_\_\_\_