Regular physical activity is healthy and safe for most people. However, on occasion, some people may need to receive medical clearance from their physician prior to starting exercise. To determine if you need medical clearance, please start by filling out this questionnaire and providing it to our Wellness Staff so they can conduct a preparticipation screening with you. This questionnaire is not a substitute for a medical exam and should be answered as accurately and honestly as possible. Even if you are not required to receive medical clearance and you prefer to consult with your medical physician prior to starting exercise, NCC supports your decision to do so. If medical clearance is required, you will not be permitted to use this facility until you speak with your physician.

**General History**

1. Do you exercise regularly? __ yes  __ no

2. Have you ever been diagnosed with:
   - Cardiovascular disease/condition __ yes  __ no
   - Metabolic disease (i.e., diabetes) __ yes  __ no
   - Renal disease __ yes  __ no

3. At what exercise intensity do you plan to train?
   - Light (very easy) __ yes  __ no
   - Moderate (somewhat hard) __ yes  __ no
   - Vigorous (very hard) __ yes  __ no

4. Have you ever been told by a physician not to exercise? __ yes  __ no

5. Have you had surgery or been hospitalized in the past year?
   Please Specify __ yes  __ no

6. Do any of the following apply to you?
   - Liver Disorder/Disease __ yes  __ no
   - High Blood Pressure __ yes  __ no
   - High Cholesterol __ yes  __ no
   - Stroke __ yes  __ no
   - Currently Pregnant __ yes  __ no
   - Abnormal Menstrual Cycle __ yes  __ no

**Cardiovascular History**

1. While at REST or WALKING CASUALLY, do the following apply to you?
   - Chest Pain (angina) __ yes  __ no
   - Shortness of Breath __ yes  __ no
   - Pain in Arms/Legs __ yes  __ no

2. Do you have a known heart condition?
   Please Specify __ yes  __ no

**Pulmonary History**

1. Do any of the following apply to you?
   - Asthma __ yes  __ no
   - Emphysema __ yes  __ no
   - Sport Induced Asthma __ yes  __ no
   - Current Smoker __ yes  __ no
   - Sleep Apnea __ yes  __ no

**Musculoskeletal History**

1. Do any of the following apply to you?
   - Arthritis __ yes  __ no
   - Osteoporosis __ yes  __ no

**Neurologic History**

Do you have a known neurologic disease or condition?
Please Specify __ yes  __ no

**Medical History**

1. Are you currently on any medications?
   Specify: __ yes  __ no

Please complete the back of the page.
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:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature ___________________________ Date ___________________________
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. NCC Campus Policy applies to all patrons of the Wellness Center. Updated Campus Policy (including COVID updates) will be posted via signage throughout the Wellness Center.

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 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 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. Patrons will not be permitted to remove their shirt during exercise.

LOCKER ROOM USAGE AND PERSONAL BELONGINGS
Semester lockers can be reserved on a first come-first-serve basis. 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 at any time.

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 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 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**

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. Photography or videography is not permitted at any time in the Wellness Center.

The Wellness Center will comply with all COVID Campus Policy. Patrons may wear masks if they prefer to do so. Please respect the decision of all patrons to wear or not wear masks. If you do not feel well, have fever, or have tested positive for infection or virus, please refrain from using the Wellness Center until 24 hours fever free or cleared by your care physician.

**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: __________________________________________________________________