PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

YEAR: 20 FA SP	SU
Place Color Co	oded Here

t Name Legibly:		
ress:	City:	
e: Zip: Age		_ Female Other
phone:		Transgender
Regular physical activity is healthy and safe for most clearance from their physician prior to starting exerci questionnaire and providing it to our Wellness Staff a substitute for a medical exam and should be answer medical clearance and you prefer to consult with you	people. However, on occasion, some people may need to se. To determine if you need medical clearance, please so they can conduct a preparticipation screening with you are day accurately and honestly as possible. Even if you are medical physician prior to starting exercise, CT State - ou will not be permitted to use this facility until you speal	o receive medical tart by filling out this I. This questionnaire is not e not required to receive Norwalk supports your
General History <u>yes</u>	no Cardiovascular Hist	ory yes no
1. Do you exercise regularly?		WALKING CASUALLY, do the
,	following apply to y	
2. Have you ever been diagnosed with	n: -Chest Pain (angina	
Cardiovascular disease/condition	Shortness of Breat	h
Metabolic disease (i.e., diabetes) Renal disease	-Pain in Arms/Legs	
	2. Do you have a kr	nown
3. At what exercise intensity do you p	·	
rain?	Please Specify	
ight (very easy)		
Moderate (somewhat hard)	<u>Pulmonary History</u>	<u>yes</u> <u>no</u>
Vigorous (very hard)	1. Do any of the fol	lowing apply to you?
	-Asthma	
4. Have you ever been told	-Emphysema	
by a physician not to exercise?	Sport Induced Astl	nma
	-Current Smoker	
5. Have you had surgery or	-Sleep Apnea	
peen hospitalized in the past		
/ear?	<u>Musculoskeletal Hi</u>	
Please Specify		lowing apply to you?
	-Arthritis	
5. Do any of the following apply to yo	u? -Osteoporosis	
Liver Disorder/Disease		
High Blood Pressure	<u>Neurologic History</u>	<u>yes</u> <u>no</u>
High Cholesterol		wn neurologic disease or
Stroke	condition?	
Currently Pregnant	Please Specify	
Abnormal Menstrual Cycle		
	Medical History	<u>yes</u> <u>no</u>
	1. Are you currently	y on
Please complete the back of the	any medications?	

Verified By _____

Emergency Contact Information

in case of an emergency, we s	nould call:		
Name:	Phone:		
Street Address:			
City:*(Please complete entire address for em	State: pergency contact, even if so	Zip: ame as previous address liste	_ d.
Please list your physician's nar condition that is being treated	•	e an existing medical	
Physician's Name:	Phon	e:	
Please List any allergies that y	ou 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 CT State - Norwalk 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 CT State - Norwalk photo ID and sign in every time the facility is used. CT State - Norwalk Campus Policy applies to all patrons. Updated Campus Policy will be posted via signage throughout the Wellness Center.

All CT State - Norwalk patrons are expected to behave appropriately and act with maturity when using the facility. Minors (age 17 and under) are required to complete a mandatory equipment orientation with a 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 Wellness Attendant will always be available and should be consulted if any minor has questions or concerns using a piece of equipment for 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. CT State - Norwalk 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.

CT State - Norwalk 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 SAFTEY 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.

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 use of 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/physical activity) related activities only. This facility, including the locker rooms, is not intended for casual socializing, horseplay, or visiting friends if you are not engaging in exercise.

Under no circumstances are any individuals who are not qualified Wellness Center 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 prohibited and not acceptable at any time.

Gum, food, smokeless tobacco products, vapes, or beverages (other than water or sports drinks) are not allowed in the center at any time.

Cell phones or other electronic devices must 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.

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 CT State - Norwalk, 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 CT State -Norwalk. 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:	