



Individual Fitness Certification

Print Employee Name: _____
LAST FIRST

PIV Badge Number: _____
(located on the back left bottom of your badge)

Service/Dept./Clinic: _____ Phone/Ext: _____

Health Questionnaire

Choose Answer: YES NO

- 1. Has your health care provider ever said you have heart trouble?
2. Do you ever experience pains in your chest?
3. Do you have spells of dizziness or feelings of fainting?
4. Has your health care provider ever said your blood pressure was high?
5. Has your health care provider ever told you that you have a joint or bone problem, such as arthritis, that may be aggravated by exercise or made worse?
6. Is there any physical reason not mentioned here that would prevent you from following an active exercise plan?
7. Are you over 40 years old and not accustomed to vigorous exercise?
8. Are you currently taking any medications that would interfere with exercising?

If you answered YES to any questions 1 through 8 or currently take any insulin, anti-seizure, cardiac, or anti-coagulant medication, you must seek approval from your healthcare provider prior to participating in the GVAMC VA exercise facility.

Healthcare Provider (print): _____

Healthcare Provider signature: _____

Comments: _____

The above questions have been answered truthfully and to the best of my knowledge. I am not withholding any information regarding my health status that would place me at increased risk of injury or cardiac problems by participating in this exercise program.

Signature: _____ Date: _____

RETURN TO EMPLOYEE WELLNESS WHEN COMPLETE

RETURN ALL PAGES

Getting Started: An Exercise Quick Check

Before you start an exercise program, keep these tips in mind:

1. Start slowly.
2. Gradually increase your exercise.
3. Do not treat it as a competition.
4. Regular physical activity is still safe and beneficial even if you have problems doing normal daily activities such as climbing stairs or walking.
5. If you are concerned about your health and ability to engage in physical activity, consult your family physician.

**COMPLETE THIS
FORM**

Quick Check List before starting exercise:

Health Problem

YES NO

I had a heart attack and have NOT been exercising.

I have heart problems and have NOT been exercising.

I have untreated high blood pressure.

I am a diabetic and have NOT been exercising.

I have breathing or other lung problems and have NOT been exercising.

I have back or joint problems and have NOT been exercising.

I have a serious health problem and have NOT been exercising.

If you answered **yes** to any of these questions, you should see your physician before starting a new exercise program. This list is not complete. If you have doubts about your health, it is best to check with a health care provider. Remember slow and steady wins the race!

Employee Fitness Center Orientation

Employees will only be able to use the fitness center after they have read and signed this form.

- Review key code or access procedure; PIV card access. Hours of operation 24/7
- Security/safety considerations: Only VA Employees who have read and signed this orientation form are permitted to use the fitness center.
Providing access to unauthorized personnel will result in revocation of the privilege to use the fitness center.
- Prohibited items: food; beverages other than water; loud music without headphones.
- Emergency procedures:
 - Location of phone, Automatic External Defibrillator (AED)
 - What to do in case of medical emergency; dial 6911
 - Fire alarm and extinguisher in hallway
- Courtesy considerations:
 - No food or beverages on machines; use headphones for music.
 - Do not use equipment for over 20 minutes when others are waiting.
 - Clean equipment after use; note availability of wipes and cleaning solution.
- Equipment review: Be safe using all aerobic equipment or multi-strength machines that may be present.

Complete health questionnaire(s).

By signing this form you understand the following:

This form is in no way meant to diagnosis or treat any medical conditions

You should always consult your physician or other healthcare provider before changing your diet or starting an exercise program

I am responsible for my own safety and assume all risks associated with the use of this facility

Employee Whole Health Coordinator

Employee Signature