



12 WEEKS TO A HEALTHIER YOU REGISTRATION FORM

Name:

Today's Date:

Phone Number:

Email:

Best Time to Reach You:

YOU WILL BE CONTACTED WITH THE DAY/TIME CHOICES

Please fill out the questions below to the best of your ability

Has sticking to an exercise program been a challenge for you?

Do you think you will benefit from a structured environment in which you will gradually learn how to exercise properly?

Will you be comfortable in a group setting?

Will you be diligent about attending the 12 Weeks program, and make a serious effort to utilize what you've learned at the end of the program?

Groups must have a minimum of 4 people to run, and a maximum of 7 people. Groups are formed on a first-come, first-serve basis. You are expected to come to all 12 weeks of the program. If you miss more than 3 sessions, you will lose your spot in the program.

If you have additional questions, please contact Lynne Applebaum at (908)233-2700 or email lapplebaum@westfieldvnj.org.

WESTFIELD AREA Y HEALTH SCREEN FORM

Medical Risk Factors

(check all that apply)

- You are a woman older than 55 years or you have had a hysterectomy or you are postmenopausal
- You are a man older than 45 years old
- You smoke
- Your blood pressure is greater than 140/90
- Your blood cholesterol is greater than 240mg/dl
- You have had a close blood relative who had a heart attack before 55 years(father or brother) or 65 years(mother or sister)
- You are a diabetic or take medication to control your blood sugar
- You are physically inactive(ie; you get less than 30 minutes of physical activity at least 3 days a week)

If you have two or more risk factors, then you are considered an “increased risk for cardiovascular disease.”

Have you ever experienced any of the following?

- Heart Attack
- Heart Surgery
- Cardiac Catheterization
- Pacemaker/implantable cardiac defibrillator/rhythm disturbance
- Heart Valve Disease
- Heart Failure
- Heart Transplantation
- Congenital Heart Disease

Symptoms

- You experience chest discomfort with exertion
- You experience unreasonable breathlessness(asthma/exercise induced asthma)
- You experience dizziness, fainting, blackout
- You take heart medication

Other Health Issues

- You have musculoskeletal(bone, muscle, joint) problems
- You have concerns about the safety of exercise
- You are pregnant
- You have unusual bleeding tendencies

If you checked any of the above statements, it is recommended to consult your health care provider before beginning an exercise program. Tell your provider what was answered “Yes.” You may need to use a facility with a medically qualified staff. If your health changes so that you answer “Yes” to any of the above, consult your health care provider before changing your physical activity status.

I acknowledge that I have been provided a copy of the Westfield Area Y’s Health Screen Form that I have read it and understand it. I also acknowledge that the Westfield Area Y is not a health care provider and is not responsible for how I respond to my answers on this form.

Date: _____

Name: _____

Email: _____