



## Health History

**Member's Name:** \_\_\_\_\_  
Print (First Name) Print (Last Name)

Medical Release: Member agrees that the Medical Information disclosed with this contract identifies possible physical disability, impairment or ailments which would prevent him or her from utilizing the services and facilities in this contact or cause injury to Member as a result of utilizing the services in this contact. Oneida Family Fitness reserves the right to require a doctor's statement indicating that Member is able to undertake the activities at Oneida Family Fitness prior to membership or utilizing services or facilities.

## Medical Disclosure

I have, or have had, the following medical conditions, which may affect my ability to utilize Oneida Family Fitness' facilities:

- Heart problems including chest pain or discomfort, pacemaker, angina, irregular heartbeat, heart murmur, heart attack, throbbing and fluttering of the heart
- Family history of cardiac or pulmonary disease in parents or siblings prior to age 55
- Diabetes mellitus
- High Blood Pressure >160 mmHg or Diastolic Blood Pressure>90 mmHg on at least 2 separate occasion, or on anti-hypertension medication
- Stroke
- High Cholesterol, >240 mg/dl
- Respiratory Problems including asthma, allergies, shortness of breath
- Epilepsy
- Pregnancy, now or within last three months
- Edema
- Muscle, joint or back disorder, or any previous injury affecting you
- Surgery (type):
- Medication (type):
- Do you have other medical condition(s) which may limit or prohibit utilizing the Oneida Family Fitness facilities?
- O.F.F. recommends this Member to obtain medical clearance from a physician prior to beginning physical activity.

\_\_\_\_\_  
Signature of Member, Parent or Guardian

\_\_\_\_\_  
Date