

Physical Activity Readiness – Questionnaire



YES NO

- 1. Has your doctor ever said that you have a heart condition and that you only do physical activity recommended by a doctor?
- 2. Do you feel pain in your chest when you do physical activity?
- 3. In the past month, have you had chest pain when you were not doing physical activity?
- 4. Do you lose your balance because of dizziness or do you ever lose consciousness?
- 5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
- 6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
- 7. Do you have a disability? If yes, please specify. _____
- 8. Are you pregnant?
- 9. Do you have exercise-induced asthma?
- 10. Are you allergic to bee stings or insect bites?
- 11. Are you taking medications that may interfere with physical activity?
- 12. Do you know of any other reason why you should not do physical activity?

If you checked yes to one or more of the above, please speak with Edward Hernandez, Coordinator of Kinesiology Instructional Facilities.

Disclaimer/Waiver Form

1. I understand that as a participant of the South Texas College Health & Wellness Center, there exists the possibility that I, as a participant, may incur an injury, the nature which may be serious enough to have long-term or permanent disabling effects.
2. I hereby, recognize and acknowledge that South Texas College does not carry health and/or hospital insurance for students. I understand that I may purchase insurance on my own through an agent of my choosing. I further recognize there are certain risks inherent in the participation of such recreational activities, in which I hereby voluntarily assume. Therefore, I hereby release and discharge South Texas College, its governing board, officers, faculty, staff, coaches, and other employees from all obligations, liabilities, claims, demands, costs, and expenses, including attorney fees, rising out of, or in any way connected with, any bodily injury sustained by the participant whether such injury results from the negligence of the aforesaid persons or from some other cause.
3. I understand that photographs may be taken and used by the college. I hereby release any and all claims of said photos to South Texas College.
4. I authorize the Coordinator for the Wellness Centers to verify my enrollment at South Texas College. I also acknowledge that falsifying any information may result in disciplinary action against me by the college.

I acknowledge that I have read this form in its entirety and I understand the risks involved in beginning an exercise program. I accept the responsibility of being fully "cleared" to participate in an exercise program and agree to provide information concerning any situation that may exist that would prohibit or limit my full participation.

By signing below, I agree that all information recorded on this document is true.

X _____ Date _____

X _____ Date _____

Parent's signature required if under 18.

Note – The information contained on this document is confidential and will not be shared with or provided to any person, other than the individual completing the form.

Statement of Equal Opportunity: No person shall be excluded from participation in, denied the benefits of, or be subject to discrimination under any program or activity sponsored or conducted by South Texas College on the basis of race, color, national origin, religion, sex, age, veteran status, or disability.