

Race to Fitness Training

Pre-Participation Medical Release

All information is to remain confidential
(Please Print)

Name _____ Male ___ Female ___ Date of Birth _____

Home Address _____ Phone Number _____

Are you under 18? Yes ___ No ___ If yes, Parent Name _____

Physician Name _____ Physician Phone Number _____

Hospital Preference _____ Hospital Phone Number _____

In case of emergency contact:

Name	Phone	Relationship
------	-------	--------------

Name	Phone	Relationship
------	-------	--------------

Please let any allergies/medical problems, including those requiring maintenance medication (i.e., Diabetic, Asthma, Seizure Disorder)

Height _____ Weight _____ Blood Pressure _____ Pulse _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Signature of participant (or authorized parent/guardian if under 18)

Physician - Please check appropriate statement:

_____ The above named individual is cleared for full and unlimited participation in physical fitness activities, including training for participation in a triathlon in July.

_____ The above named individual may participate with the following limitations: _____

_____ The above named individual should not participate in this activity _____

Licensed Professional's Name (Print)

Signature

Date

Should you get a physical?

We're recommending that you see your doctor for a complete physical before starting a training program. For your information, the following questions about your health are suggested by the American College of Sports Medicine (ACSM), to help convince you. If you answer "yes" to one or more of these questions, the ACSM recommends that you see your doctor before starting an exercise program or increasing your current level of exercise

Self screening questions

Yes No 1. Has your doctor ever told you that you have a heart condition?

Yes No 2. Do you feel pain in your chest when you do physical activity?

Yes No 3. Did you or do you now have a heart murmur that a physician considered significant?

Yes No 4. In the past month, have you had chest pain when you were not doing physical activity?

Yes No 5. Have you ever had pain, crusher, or a squeezing feeling in your chest that came on during exercise or other physical activity?

Yes No 6. Do you lose balance because of dizziness or do you ever lose consciousness?

Yes No 7. If you climb a few flights of stairs fairly rapidly, do you have tightness or pressing pain in your chest?

Yes No 8. Have you ever experienced problems breathing while exercising?

Yes No 9. Do you have a bone or joint problem that could be made worse by a change in your physical activity?

Yes No 10. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or a heart condition?

Yes No 11. Do you know of any other reason why you should not participate in a physical activity?

Yes No 12. Has it been longer than 12 months since your last physical?