Employee Fitness Facility

Welcome to the Fitness Facility! Here's what you need to do:

1. Obtain "Screening Questionnaire" and "Consent Form" from Human Resources.
2. Complete both forms and return them to Employee Health. They will become part of your file.
3. **Schedule an Orientation with Molly Gardner 373-6780, or Celeste Pascarella 373-6362 for MCH or Celeste for SHC.**
4. Once your orientation is complete, your badge will give you access to the Fitness Facility. Which is available 24/7
5. Congratulations, and have fun!!

MID COAST–PARKVIEW HEALTH

Live Well. Work Well.

Your Employee Health & Wellness Program

Employee Fitness Program

Screening Questionnaire for: Name ____

Date _______________ Department _____________________________________ Phone _______________

Assess your health needs by marking all *true* statements.

History:

You have had:

______ a heart attack
______ heart surgery
______cardiac catheterization
______coronary angioplasty (PTCA)
______ pacemaker / implantable cardiac defibrillator / rhythm disturbance
______ heart valve disease
______ heart failure
______ heart transplant
______ congenital heart disease
______ stroke
______ epilepsy
______ lung disease / asthma
______ you are diabetic or take medicine to control your blood sugar

Symptoms:

______ you experience chest discomfort with exertion
______ you experience unreasonable breathlessness
______ you experience dizziness, fainting, or blackouts
______ burning or cramping sensation in your legs with walking short distances

Other:

______ you are pregnant
______ you have musculoskeletal problems that limit your physical activity
______ you take heart medication
______ you have concerns about the safety of exercise

If you marked any of the statements in the above section, consult your healthcare provider before engaging in exercise. You may need to use an exercise facility supervised by medically qualified staff or obtain medical clearance.

Please list your current medications:

________________________ ________________________ ________________________

________________________ ________________________ ________________________

Cardiovascular risk factors

_____ You are a man older than 45 years.
_____ You are a woman older than 55 years or you have had a hysterectomy or you are postmenopausal.
_____ You smoke
_____ Your blood pressure is greater than 140/90
_____ You don't know your blood pressure.
_____ You take blood pressure medication
_____ Your blood cholesterol level is >200mg/dl
_____ You don't know your cholesterol level.
_____ You have a close blood relative who had a heart attack before age 55, father or brother, or age 65 for mother or sister.
_____ You are physically inactive (i.e., you get less than 30 minutes of physical activity on at least 3 days a week).
_____ You are more than 20 pounds overweight.

If you marked two or more of the statements in the above section, you should consult your healthcare provider before engaging in exercise. You might benefit by using a facility with a ***professionally qualified exercise staff to guide your exercise program.***

_____ None of the above is true.

You should be able to exercise safely without consulting your healthcare provider in almost any facility that meets your exercise program needs.

To the best of my knowledge, all information on the completed form is true.

____ ________________________
Employee Signature Date

____ ________________________
Department Phone number

____ ________________________
Employee Health Nurse Date

Employee Fitness Room Release Form

I, (print name) ________________________________, hereby state that I intend to voluntarily use the Mid Coast Health Services employee fitness room and the exercise and fitness equipment contained in it. I understand and agree that the use of the fitness room and equipment is voluntary, even if it occurs during the normal working hours of my employment, and if I incur any injuries during normal working hours, such injuries would not be covered by MCHS's Worker's Compensation Insurance.

I acknowledge that I am aware of the inherent risks and complications that may result from my use of the room and the equipment, including but not limited to the following: abnormal blood pressure, fainting, disorders of heart rhythm, heart attack or even death; stroke or other cerebrovascular incidents or occurrences; mental, physiological, motor, visual, or hearing injuries; deficiencies, difficulties, or disturbances, partial or total paralysis; slips, falls or other unintended loss of balance or bodily movement that may cause muscular, neurological, orthopedic or other bodily injuries; injuries caused by the equipment malfunctioning or breaking; and other possible occurrences, any one of which could conceivably, however remotely, cause bodily injury, impairment, disability or death.

I understand that, if I have any concerns about my ability to use the room and the equipment, I will consult with my health care provider before my use. By signing this form, I do hereby affirm that I am in sufficiently sound health to use the fitness room and equipment. I understand and agree that I am responsible for learning how to use the equipment. I understand and agree that I am responsible for learning how to use the equipment properly and safely and am expected to refrain from intentionally damaging the equipment. I am responsible for establishing and maintaining my own exercise program. Should instruction be offered, I hold myself responsible for establishing and maintaining my own exercise program. Should instruction be offered, I hold myself responsible for any potential injuries that may occur.

I understand and agree that MCHS has no duty to prevent or take steps to prevent any injuries arising out of or relating to my use of the employee fitness room and equipment. I understand that the fitness room is not monitored and my use of the room and equipment will not be under the supervision or direction of anyone from MCHS. I agree to refrain from using equipment that I determine to be defective or in need of maintenance or repair. I further agree that I will notify MCHS of the existence of any equipment that I determine to be defective or need maintenance or repair.

IN CONSIDERATION OF MY ABILITY TO USE THE EMPOYEE FITNESS ROOM AND THE EQUIPMENT CONTAINED IN IT, I HEREBY AGREE TO RELEASE FROM ALL LIABILITY, DISCHARGE, PROMISE NOT TO SUE, INDEMNIFY AND HOLD HARMLESS MCHS, AND ALL OF IT'S SUBSIDIARIES, AFFILIATES, OWNERS, OPERATORS, EMPLOYEES, VOLUNTEERS, SUCCESSORS AND AGENTS FROM AND AGAINST ALL ACTIONS, SUITS, LIABILITIES, CLAIMS, DEMANDS, COSTS (INCLUDING ATTORNEY'S FEES) OR DAMAGES ARISING OUT OF OR RELATING TO INJURIES OR HARM, INCLUDING DEATH, WHICH I MIGHT SUSTAIN DURING MY SUE OF THE EMPLOYEE FITNESS ROOM AND THE EQUIPMENT CONTAINED IN IT, WHETHER THE RESULT OF THE NEGLIGENCE OF ANY OF THE ABOVE RELEASED PARTIES OR OTHERWISE.

I HAVE CAREFULLY READ THIS AGREEMENT, RELEASED AND WAIVED LIABILITY, AND I KNOW ITS CONTENTS. I HAVE VOLUNTARILY SIGNED AS MY OWN FREE ACT.

______________________________ ______________________

Employee Name (Please print) Department

______________________________ ______________________

Employee Signature Date