

**CMH Senior Health Center**  
Enrollment Packet Explanation

In this enrollment packet you will find:

1. An Enrollment Form (pages 2 and 3);
2. Physical Activity Readiness Questionnaire – PAR-Q (page 4);
3. Physicians Clearance/ Release of Information (page 5);
4. Physicians Clearance Form (page 6);
5. Waiver of Liability Form (page 7);

Read and complete the Enrollment Form (pgs 2-3) and the PAR-Q Form (pg 4). The PAR-Q will determine if you should get your physician's clearance to exercise. *We recommend all participants get a physician clearance before starting an exercise program.*

Fill out and sign the Physician's Clearance /Release of Information (pg 5). Your doctor will complete page six (pg 6). We will be glad to fax the Physician's Clearance Form to your health care provider.

Finally, read, sign, and initial the Waiver of Liability (pg 7).

Once you have completed the enrollment packet, return it to CMH Senior Health Center. Your healthcare provider will complete the Physicians Clearance Form and our staff will contact you to set up an orientation. Orientation will familiarize you with the exercise equipment and safety guidelines as well as give you an opportunity to ask questions.

Other handouts you were given have been provided for your information and do not need to be returned.

Thank you for your interest in CMH Senior Health Center.

If you have further questions, please ask at the front desk or call **417-777-7171**.



Please check activities below that interest you.

Some of the activities listed will be offered periodically and some will be ongoing.

Check Below	CMH Senior Health Center Activities
	<p><b>Spa/Hot Tub</b> –with a temperature of 100 degrees Fahrenheit or less. Participants are limited to 15 minutes at a time and must be able to get in and out on their own.</p>
	<p><b>Open Pool Time</b> – time allotted for members to utilize the pool for leisure or individual exercise.</p>
	<p><b>Beginners Chair Exercise</b> – Exercise class for people who need a full body workout that is very gentle in nature. Focus is on stretching, strengthening, and balance.</p>
	<p><b>Senior Led Arthritis Chair Class</b> – Exercise classes taught by senior leaders. Chair exercises provide range of motion and muscle strengthening with an optional endurance segment. Senior leaders are trained and supervised by the Citizens Memorial Hospital Senior Health Center Coordinator.</p>
	<p><b>Floor Exercise Class</b> – Standing and floor exercises providing range of motion, core strengthening, and endurance. <i>(Advanced Class)</i></p>
	<p><b>Strength Class</b> – Focuses on overall muscle strength. Hand and ankles weights are used. More advanced students may do a floor exercise segment.</p>
	<p><b>Tai Chi Class</b> - a series of gentle physical exercises and stretches that promote strength and balance. <i>(Classes vary depending on availability of instructors. Sometimes video instruction is used.)</i></p>
	<p><b>Cardiac Exercise Equipment</b> - includes treadmills, stationary bikes, NU Step seated steppers, arm crank, rower, seated elliptical and recumbent bike. Demonstration of equipment provided at orientation.</p>
	<p><b>Strength and Toning Equipment</b> – Upper body muscle toning with hand weights ranging from one to 30lbs. Multi-gym weight machine from 10 to 90 lbs. used for upper and lower body strengthening. NU Step seated stepper with varying leg resistance settings <i>(may use 15 minutes or less for participants not allowed to do Cardiac exercise).</i></p>

## Physical Activity Readiness Questionnaire (PAR-Q)

The PAR-Q is a pre-activity screening that will give you a starting place in determining your ability to safely participate in physical activity. Checking with your physician is the best way to make this determination and is recommended by CMH Senior Health Center. Please read the questions carefully and answer each one honestly.

Check YES or NO

YES NO

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1) Has your physician ever said that you have a heart condition and that you only should participate in physical activity recommended by a physician? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2) Do you feel pain in your chest during physical activity?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3) In the past month, have you had chest pain when you were not involved in physical activity?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4) Do you lose your balance because of dizziness, or do you ever lose consciousness?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5) Do you have a bone or joint problem that could be made worse by a change in your physical activity?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 6) Is your physician currently prescribing drugs for your blood pressure or a heart condition?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 7) Do you know of any reason you should not participate in physical activity?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 8) Has your physician ever said that you have diabetes?   |

**If you answered YES to one or more questions, you must obtain a physician's clearance BEFORE participating in exercise activities at the CMH Senior Health Center. We will provide you with a Physician's Clearance Form or fax one to your physician at your request. Tell your physician about the kinds of activities you wish to participate in and follow his/her advice. You may be able to do any activity you want – as long as you start slow and build up gradually. Or, you may need to restrict your activities to those that are safe for you.**

**If you answered NO to all PAR-Q questions, you can be reasonably sure that you can start becoming much more physically active. Begin slowly and build up gradually. This is the safest and easiest way to go. If you have any doubts about your ability to safely participate in physical activity, consult your physician prior to starting any physical activity program.**

I have read, understand and completed this questionnaire. Any questions I had were answered to my full satisfaction. I understand that only my physician can advise me whether or not it is safe for me to exercise and I understand that CMH Senior Health Center staff and volunteers cannot make this determination for me. I assume all risks of exercise and release CMH Senior Health Center, staff and volunteers from all liability, claims, suits or damages for injury or other damages suffered by me as a result of my participation in activities at CMH Senior Health Center.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

**Physician's Clearance /Release of Information**

I hereby give my physician permission to release any pertinent medical information from my medical records to the staff at CMH Senior Health Center. All information will be kept confidential.

***Patient's Signature*** \_\_\_\_\_ **Date** \_\_\_\_\_ **D.O.B** \_\_\_\_\_

**Physician's Name** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Physicians Clinic/Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

Be aware that if you have not seen your physician recently, he/she may want to see you for a physical before giving you medical clearance. We will gladly fax this form to your physician.

**PHYSICIAN’S STATEMENT AND CLEARANCE FORM**

Your patient, \_\_\_\_\_, has requested participation at CMH Senior Health Center. Many exercise opportunities are offered at CMH Senior Health Center. Participation will be similar to that of a fitness club. Staff will **not** monitor vital signs; however, participants are encouraged to self-monitor and record blood pressure and pulse. Members should be able to self monitor their activities with minimal supervision. Exercise programs available to your patient are listed in the table below. Please check activities that you believe are safe for your patient and feel free to circle specific activities or write on the form any clarifications. **Be sure to sign the form.**

	<b>Aquatic Exercise</b> –Exercises done in the pool that provides range of motion and muscle strengthening.
	<b>Spa/Hot Tub</b> –with a temperature of 100 degrees Fahrenheit or less. Participants are limited to 15 minutes at a time and must be able to get in and out on their own.
	<b>Open Pool Time</b> – Time allotted for members to utilize the pool for leisure or individual exercise.
	<b>Beginners Chair Exercise</b> – Exercise class for people who need a full body workout that is very gentle in nature. Focus is on stretching, strengthening, and balance.
	<b>Senior Led Arthritis Chair Class</b> – Exercise classes taught by senior leaders. Chair exercises provide range of motion and muscle strengthening with an optional endurance segment. Senior leaders are trained and supervised by the Citizens Memorial Hospital Senior Health Center Coordinator. <i>(Beginners Class)</i>
	<b>Floor Exercise Class</b> – Standing and floor exercises providing range of motion, core strengthening, and endurance. <i>(Advanced Class)</i>
	<b>Strength Class</b> – Focuses on overall muscle strength. Hand and ankles weights are used. More advanced students may do a floor exercise segment.
	<b>Tai Chi Class</b> - a series of gentle physical exercises and stretches that promote strength and balance. <i>(Classes vary depending on availability of instructors. Sometimes video instruction is used.)</i>
	<b>Cardiac Exercise Equipment</b> - includes treadmills, stationary bikes, NU Step seated steppers, arm crank, rower, seated elliptical and recumbent bike. Demonstration of equipment provided at orientation.
	<b>Strength and Toning Equipment</b> – Upper body muscle toning with hand weights ranging from one to thirty pounds. Multi-gym weight machine from 10 to 90 lbs. upper and lower body strengthening. NU Step seated stepper with varying leg resistance settings <i>(may use 15 minutes or less for participants not allowed to do Cardiac exercise).</i>

**Please check one of the following statements:**

\_\_\_\_\_ I concur with my patient’s participation in all activities with no restrictions. **OR**

\_\_\_\_\_ I concur with my patient’s participation in the exercise program(s) checked above.

Physician’s Name (type or print)\_\_\_\_\_

**Physician’s Signature** \_\_\_\_\_ **Date**\_\_\_\_\_

For more information contact *Jody Pool, CMH SHC Coordinator*, at 417/ 777-7171. Fax 417/ 328-1183

**Citizens Memorial Healthcare Senior Health Center**

**WAIVER OF LIABILITY**

1. I am voluntarily participating in these exercise activities or programs and understand the dangers involved.
2. I understand that my participation in any exercise activity potentially could expose me to a level of risk of physical injury and possibly even death.
3. I understand that only a physician is qualified to advise me about health risks I may be exposed to as a result of any exercise program.

**Physician's Clearance**

4. CMH Senior Health Center staff has advised me to obtain a physician's clearance to participate in physical activities at CMH Senior Health Center. I have contacted my physician and determined with my physician's advice that it is safe for me to participate in exercise activities and programs at CMH Senior Health Center. I assume all responsibility for my participation including risk of injury and even death. ***Initial*** \_\_

**OR**

**No Physician's Clearance**

5. CMH Senior Health Center staff has advised me to obtain a physician's clearance to participate in physical activities at CMH Senior Health Center. I declare myself to be physically sound and capable of pursuing physical activity at CMH Senior Health Center. I have answered all questions on the PAR-Q with a "NO", therefore, I have decided to participate in activities without approval of my physician and assume all responsibility for my participation including risk of injury and even death. ***Initial*** \_\_

**I agree to fully release, acquit and discharge Citizens Memorial Health Care Foundation and Citizens Memorial Hospital District, and each entity's officers, directors, employees, agents or volunteers from any and all liability, suits and claims for damages or injury suffered by me as a result of my participation in activities at CMH Senior Health Center.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**