OFFICE USE ONLY	❑ Current Member ❑ New /Re-joining ❑ Guest ❑ Diabetes Prog. PAVs: Minutes of exercise per week: _____< 150 _____> 150 Waist Circumference _____ PCF Needed: ❑ Yes ❑ No	**Pre-Activity Screening:** Resting Blood Pressure _____ ; _____ Resting Heart Rate_____ Ht._____ Wt. _____ BMI_____ ❑ Self-reported ❑ Actual Measurement MOD Initials_____ Date_____

GE FITNESS CENTER - Health Profile

Physician's consent may be requested prior to participation for certain health conditions. All information will remain strictly confidential.

Last Name _____First Name _____Middle Initial_____

SSO (Single Sign On) or Member #_____

☐ Male ☐ Female Birthday (mo/day/yr)____/____/_____ Age_____

☐GE Employee ☐GE Retiree ☐Spouse of GE Emp./Retiree ☐Dependent ☐Co-op ☐Contractor

Home Mailing Address_____

City_____ State___ Zip_____ Email Address_____

Home Phone (_____) _____-_____ Work Phone (_____) _____-_____

In case of emergency notify _____ Phone (_____) _____-_____

Physician's Name_____ Address_____

Physician Phone (_____) _____-_____ Physician Fax (_____) _____-_____

Do you currently have any of the following health conditions? (Please circle "Y" or "N") Do you currently have any of the following health conditions? (Please circle "Y" or "N")

Y N Hypercholesterolemia, total cholesterol greater than 200 mg/dL **OR** HDL less than 35 mg/dL, **OR** on cholesterol lowering medication. Number_____?
Y N Hypertension, blood pressure greater than or equal to 140/90 mmHg, **OR** on hypertensive medication
Y N Smoking habit (current)
Y N Average less than 30 minutes of physical activity per day, i.e., exercise, gardening, vacuuming, walking, weight lifting
Y N MEN: Are you 45 years of age or older?
Y N WOMEN: Are you 55 years of age or older?

Do you have a history of any of the following diseases?

Heart/Vascular problems *(please specify)*

Y N Heart disease, heart attack, angina when?_____
Y N Coronary angioplasty/cardiac surgery when?_____
Y N Rapid heartbeats (greater than 100 bpm)/palpitations
Y N Heart murmurs or unusual cardiac findings
Y N Peripheral vascular disease
Y N Aneurysm when?_____
Y N Stroke when?_____
Y N Other cardiac condition _____

Disease/Disorder *(please specify)*

Y N Kidney disease or other organ disease_____
Y N Thyroid or metabolic disorder_____
Y N Multiple sclerosis_____
Y N Diabetes_____
Y N Other diagnosed disease/disorder

Respiratory Problems *(please specify)*

Y N Asthma_____
Y N Chronic bronchitis_____
Y N Emphysema or COPD (chronic pulmonary obstructive disease)

Do you have a history of the following?

Y N Fainting or dizziness
Y N Chest discomfort at rest or during exertion
Y N Unusual fatigue or shortness of breath
Y N Ankle swelling
Y N Abnormal EKG

Do you have a history of any of the following?

Y N Orthopedic problems (joint/bone) within the past 6 months?
_____
Y N Chronic back problems
_____
Y N Arthritis
Y N Major surgery/hospitalization (within last 6 months) _____
Y N Pregnancy current or within 2 months postpartum

Medications you are currently taking: **Reason:**

1)_____ _____

2)_____ _____

3)_____ _____

4)_____ _____

5)_____ _____

Are you allergic to any medication? Yes No If yes, please explain:

_____

I verify that all information above is accurate and I understand that it is my responsibility to update the fitness staff of any changes in health status that would alter my ability to safely participate in GE Fitness Center activities.

Signature_____ Date_____

Payment Options

☐**Payroll Deduction (Current GE Employees)** ☐**Credit Card/Check** **Cost per month $**_____

☐Single – Employee/dependent only ☐Multiple – Employee and/or dependents

Complete dependent information only if a multiple payroll deduction is requested:

Dependent's Full Name _____DOB _____/_____/_____

Dependent's Full Name _____DOB _____/_____/_____

Dependent's Full Name _____DOB _____/_____/_____

Authorization for Payroll Deduction: I hereby authorize payroll deductions for membership to the GE Fitness Center. I understand that the monthly fee may be adjusted from time to time and this authorization remains in effect for the adjusted fee schedule.

_____ _____

Signature of GE employee Date