

Welcome to the DH Lebanon Fitness Classes

Attached are the forms you need to complete prior to participating in one of the on-site fitness classes.

1. Download the form and save it to your desktop.
2. Complete page 2.
3. If you answer 'no' to all of the questions on page 2 then you may skip pages 3 and 4.
4. If you answer 'yes' to one or more of the questions on page 2, we recommend you share page 4 with your medical provider to receive fitness plan guidance and return to us.
 - a. You are not required to have your medical provider complete page 4.
 - b. You may complete pages 2 and 3 and return with the appropriate boxes checked and the page signed.
5. Submit pages 2-3 or 2-3-4 to us for processing.
6. Email back to livewellworkwell@hitchcock.org.

You may also choose to bring your forms to a fitness class with you and leave with the instructor, send your forms back to us by interoffice mail to "Live Well/Work Well", or by fax attention to Wendy O'Connell at 603.650.4881

Once completed and sent to LWWW, you are eligible to participate in the fitness classes offered. If you have any questions please feel free to contact us at 603.650.5950.

Sincerely,

The LWWW EMPLOYEE WELL-BEING TEAM

Are you ready to increase your exercise or should you see your doctor first? Physical Activity Readiness Questionnaire (PAR-Q)*

PLEASE PRINT	
Name: _____	Date: _____
Department: _____	

For most people physical activity should not pose any problem or hazard. PAR-Q has been designed to identify adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them before beginning or changing their exercise program.

Please read carefully and answer yes or no to each question.
 Common sense is your best guide in answering these questions.

QUESTION	YES	NO
Has your health care provider ever said you have heart trouble?		
Do you frequently have pains in your heart and chest?		
Do you often feel faint or have spells of severe dizziness?		
Has a health care provider ever said your blood pressure was too high?		
Has your health care provider ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise, or might be made worse with exercise?		
Is there a physical or other reason not mentioned here why you should not follow an activity program even if you wanted to?		
Are you over age 65 and not accustomed to vigorous exercise that may increase your heart rate?		

If you answered NO to all questions:

If you answered the PAR-Q accurately, you should have reasonable assurance of your present suitability for an exercise program.

If you answered YES to one or more questions:

Consult with your personal health care provider by telephone or in person before increasing your physical activity. For your convenience, please share this medical release form on the next page.

If you have any questions, please contact the Live Well/Work Well Program at 603-650-5950

I acknowledge that I have read and completed the Physical Activity Readiness Questionnaire (PAR-Q) and if required have had a physical examination and been given my health care provider's permission to participate, or that I have decided to participate in activity and use of equipment and machinery without the approval of my health care provider and do hereby assume all responsibility for my participation and/or activities, and utilization of equipment and machinery in my activities.

Please check one:

- I have completed *Are You Ready to Exercise?* (PAR-Q) form and do not require my health care provider's approval before beginning an exercise program and do hereby assume all responsibility for my decision and participation.

- I have completed *Are You Ready to Exercise?* (PAR-Q) and have received my health care provider's approval before beginning exercise and do hereby assume all responsibility for my decision and participation.

- I have decided to participate without my health care provider's knowledge and assume all responsibility for my decision and participation.

Signature

Date

- Checking this button will constitute your signature if submitted electronically

_____, 20____

Dear Health Care Provider,

I have recently completed the Physical Activity and Readiness Questionnaire (PAR-Q) as directed by the staff of the Live Well/Work Well Health Improvement Program (HIP). Based on my responses, it has been suggested to have your support, guidance and approval before increasing or changing my activity level and engaging a physical fitness program using aerobic conditioning and strengthening equipment. HIP may provide coaching, support, and personal training, however, most activity is voluntary, unsupervised exercise at home or at worksite fitness room.

Thank you for your time in reviewing this matter. If you have any questions or concerns that you would like to discuss regarding this program, please feel free to contact me, Marion Cate, the Live Well/Work Well Health Improvement Program manager, at (603) 650-5950 or by email livewellworkwell@hitchcock.org.

Please review my health and functional status and indicate whether I have your consent to participate in a self-monitored activity/fitness program. Please identify any recommendations or restrictions that are appropriate for me in this exercise program (*Please feel free to attach a letter detailing recommendations/restrictions*):

- No restrictions to exercise – has my approval to begin exercise program.
- Able to participate, but prior to participation suggest completing a fitness evaluation for level/types of activity and specific recommendations.
- Do not participate in unsupervised activity.
- My Other Recommendations:

MD Signature

Date

Please return a copy of this form to Live Well/Work Well:

Fax: (603) 650-4881

Mail:
Live Well/Work Well Program
Attention: Marion Cate
Dartmouth-Hitchcock Medical Center
Lebanon, NH 03756

*Adapted from the Canadian Society for Exercise Physiology (Societe canadienne de physiologie de l'exercice- Revised 2002