BRG Fit! Application Form
Section A: Personal Information

Thank you for your interest in our group exercise classes and/or program(s). Your application will be evaluated and you will be contacted should we require a physician release form. All information will be kept confidential. However, if you choose not to provide this information, please provide Human Resources with a physician release prior to participation. Please update your information once per year.

PERSONAL INFORMATION

Applicant's Name	Group Exercise Class Interested In **OR** Program(s)

Age	Date of Birth	Sex	Health	Employer	Family Physician	Emergency Contact Information

Address	City	State	Zip

Home Phone	Daytime Phone

Cell Phone	E-mail

Height	Weight	% Body Fat (if known)

TELL US A LITTLE ABOUT YOURSELF

Background (school, hobbies, career objectives):

Your expectations of the classes.

How did you hear about the classes?

Baton Rouge General Fit!

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Section B: Medical History

This section of the form should be completed by the applicant, and must be signed by the applicant.

Please answer the following questions by circling the appropriate response. Use the next page of this form to explain any "Yes" answers to the following questions. Have or do you:

01.	Have a medical problem or injury since your last evaluation by your primary care physician?	Yes	No
02.	Ever not been allowed to participate in sports for a medical reason?	Yes	No
03.	Ever been hospitalized?	Yes	No
04.	Ever had surgery?	Yes	No
05.	Presently take any medication(s)?	Yes	No
06.	Have any allergies to medicine or insect bites?	Yes	No
07.	Passed out during or after exercise?	Yes	No
08.	Been dizzy during or after exercise?	Yes	No
09.	Have chest pain during or after exercise?	Yes	No
10.	Have high blood pressure?	Yes	No
11.	Been told you have a heart murmur?	Yes	No
12.	Have racing of the heart or skipped heartbeats?	Yes	No
13.	Ever had a head or neck injury?	Yes	No
14.	Ever been knocked out or unconscious?	Yes	No
15.	Ever had a seizure?	Yes	No
16.	Ever been dizzy or passed out in the heat?	Yes	No
17.	Have trouble with breathing or coughing during or after activity?	Yes	No
18.	Use any special equipment (pads, braces, neck rolls, eye guards, kidney belt, etc.)?	Yes	No
19.	Have any problems with vision?	Yes	No
20.	Wear glasses or contacts?	Yes	No
21.	Ever sprained/strained, dislocated, fractured, or had repeated swelling for any bones or joints?	Yes	No
22.	High blood pressure? (> 140/90mmHg)	Yes	No
23.	High total cholesterol? (>200mg/dL) **OR** High LDL? (> 130 mg/dL) **OR** Low HDL? (<35 mg/dL)	Yes	No
24.	Do you know of any other reasons why you should not do physical activity?	Yes	No
25.	Are you currently on an exercise program OR participate in regular physical activity? (>3 times per week)	Yes	No

26.	Have any medical problems listed below? If Yes, please check all that apply							Yes	No
		High Blood Pressure		Rheumatic Fever		Diabetes		Hepatitis	
		Abnormal Bleeding		Tuberculosis		Asthma		Mononucleosis	
		Other (List)							

Please explain all YES answers from the questions above:

SIGNATURES

You must answer all questions below and sign your name in order to be considered for enrollment:

1.	The above information is current and correct to the best of my knowledge	Yes	No
2.	If in the judgment of a representative of the group exercise classes, I need care or treatment as a result of an injury or sickness, I do hereby request, consent to and authorize such care as may be deemed necessary.	Yes	No
3.	If in the judgment of a representative of the group exercise classes, I need a signed release statement from my primary care physician, I consent to and authorize a representative to obtain such information prior to my enrollment.	Yes	No
4.	I recognize the evaluation to be done is a standard pre-participation screening examination, and that no in-depth testing, x-rays, lab work, or cardiac test work will be performed.	Yes	No

Applicant's Signature	Date

Return completed application by fax to HR at 225-237-1550.

FOR OFFICE USE ONLY: