**Confidential Emergency Health Form**

**Participant fills out and signs.**

**Group leader keeps forms in a secure place in case of emergency.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Month / Day / Year)

Sex: \_\_\_\_\_\_ Female \_\_\_\_\_ Male

List below any health conditions, medications, or drug/other allergies that may affect you and others should know:

Health conditions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drug or other allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have read “Your Check for Safety” on page 2. If I answered “yes” to one or more questions, I agree to check with my healthcare provider before I begin a walking program. I understand that while all reasonable efforts will be made to provide a safe environment, certain risks are involved. In case of serious injury or illness, I hereby give permission for emergency treatment or surgery as the attending physician recommends.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Participant Date

 

**Your Check for Safety**

Walking is the most popular exercise. It is a moderate physical activity that is safe for most people. If you are not physically active now, ask yourself the questions below. Check with your healthcare provider if you answer “yes” to one or more questions and before doing more physical activity.

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Have you been told by a doctor that you have a heart condition? |  |  |
| Do you feel pain in your chest when you do physical activity? |  |  |
| Have you had chest pain at any time in the past month? |  |  |
| Have you lost your balance because of dizziness? |  |  |
| Do you have bone or joint problems made worse by physical activity? |  |  |
| Do you take prescription drugs for your blood pressure or heart? |  |  |
| Do you have other medical reasons not to be physically active? |  |  |

Answering “yes” to one or more questions above may mean you have a condition that could get worse with exercise. Check with your healthcare provider to be sure.