

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

YEAR: 20 ____
 FA ____ SP ____ SU ____

Place Color Coded Here

Student ID Number @ _____
 Print Name Legibly: _____
 Address: _____ City: _____
 State: _____ Zip: _____ Age: _____ Gender: Male _____ Female _____ Other _____
 Telephone: _____ Non-Binary _____ Transgender _____

Regular physical activity is healthy and safe for most people. However, on occasion, some people may need to receive medical clearance from their physician prior to starting exercise. To determine if you need medical clearance, please start by filling out this questionnaire and providing it to our Wellness Staff so they can conduct a preparticipation screening with you. This questionnaire is not a substitute for a medical exam and should be answered as accurately and honestly as possible. Even if you are not required to receive medical clearance and you prefer to consult with your medical physician prior to starting exercise, CT State - Norwalk supports your decision to do so. If medical clearance is required, you will not be permitted to use this facility until you speak with your physician.

General History yes no

1. Do you exercise regularly? ___ ___

2. Have you ever been diagnosed with:
 Cardiovascular disease/condition ___ ___
 Metabolic disease (i.e., diabetes) ___ ___
 Renal disease ___ ___

3. At what exercise intensity do you plan to train?
 Light (very easy) ___ ___
 Moderate (somewhat hard) ___ ___
 Vigorous (very hard) ___ ___

4. Have you ever been told
 by a physician not to exercise? ___ ___

5. Have you had surgery or
 been hospitalized in the past
 year? ___ ___
 Please Specify _____

6. Do any of the following apply to you?
 -Liver Disorder/Disease ___ ___
 -High Blood Pressure ___ ___
 -High Cholesterol ___ ___
 -Stroke ___ ___
 -Currently Pregnant ___ ___
 -Abnormal Menstrual Cycle ___ ___

Please complete the back of the page.

Cardiovascular History yes no

1. While at **REST** or **WALKING CASUALLY**, do the
 following apply to you?
 -Chest Pain (angina) ___ ___
 -Shortness of Breath ___ ___
 -Pain in Arms/Legs ___ ___

2. Do you have a known
 heart condition? ___ ___
 Please Specify _____

Pulmonary History yes no

1. Do any of the following apply to you?
 -Asthma ___ ___
 -Emphysema ___ ___
 -Sport Induced Asthma ___ ___
 -Current Smoker ___ ___
 -Sleep Apnea ___ ___

Musculoskeletal History yes no

1. Do any of the following apply to you?
 -Arthritis ___ ___
 -Osteoporosis ___ ___

Neurologic History yes no

- Do you have a known neurologic disease or
 condition? ___ ___
 Please Specify _____

Medical History yes no

1. Are you currently on
 any medications? ___ ___
 Please Specify _____

Verified By _____

Emergency Contact Information

In case of an emergency, we should call:

Name: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

**(Please complete entire address for emergency contact, even if same as previous address listed.)*

Please list your physician's name **ONLY** if you have an existing medical condition that is being treated by a physician:

Physician's Name: _____ Phone: _____

Please List any allergies that you may have:

_____	_____
_____	_____
_____	_____
_____	_____

Signature _____ Date _____

PITNEY BOWES FOUNDATION WELLNESS CENTER

RULES AND REGULATIONS

REGISTRATION AND ENTRY REQUIREMENTS

Prior to facility use, it is required that all patrons obtain a CT State - Norwalk photo ID, read the new member packet, sign the rules and regulations form, and complete a standard Physical Activity Readiness Questionnaire (PAR-Q). Anyone who has not completed these steps will not be permitted to use the Wellness Center.

Anyone using the facility must present a valid CT State - Norwalk photo ID and sign in every time the facility is used. CT State - Norwalk Campus Policy applies to all patrons. Updated Campus Policy will be posted via signage throughout the Wellness Center.

All CT State - Norwalk patrons are expected to behave appropriately and act with maturity when using the facility. Minors (age 17 and under) are required to complete a mandatory equipment orientation with a Wellness Attendants prior to being allowed in the facility. For general safety, trained staff may determine that certain equipment will be restricted from use, pending findings from the equipment orientation. A Wellness Attendant will always be available and should be consulted if any minor has questions or concerns using a piece of equipment for exercise.

Proper workout attire – sneakers, warm-up suit, t-shirt, gym, bike, or basketball shorts – must be worn during exercise. All members must wear shirts and may not be barefoot at any time. No boots, sandals, cleats of any kind, dress shoes, jeans, jean shorts or pants with metal rivets. Patrons will not be permitted to remove their shirt during exercise.

LOCKER ROOM USAGE AND PERSONAL BELONGINGS

Semester lockers can be reserved on a first come-first-serve basis. Half and full-sized lockers will be available for use during the time a patron is exercising in the center. You must provide your own lock. All items stored or left overnight in half or full-size lockers will be removed. CT State - Norwalk is not responsible for removed locks or personal items.

All bags, jackets, and personal items must always be left in lockers. They are not permitted in the Wellness Center at any time.

CT State - Norwalk is not responsible for lost or stolen items. It is strongly recommended that personal belongings of value not be kept anywhere in the Wellness Center.

EQUIPMENT SAFETY AND USAGE

All equipment must be wiped down after use each time, using the cleaner disinfectant provided. Please try not to directly spray cleaning solution on the equipment. Instead spray the paper towel and then wipe the equipment.

Immediately report all damaged or broken equipment to a Wellness Attendant on duty.

If all cardio equipment is being used, please limit yourself to 20 minutes on each piece of equipment. Always stop any cardio machine before dismounting.

If something falls between cardio machines, do not attempt to retrieve the item yourself. Notify the Wellness Center Attendant on duty so they may safely get it for you.

All use of free weights over the head, face and chest region must have a spotter and clips must always be used. The Wellness Attendant on duty can assist if a spotter is required.

All plates and dumbbells must be re-racked when you are done using them. Do not drop, throw, or smack weights together. Our equipment is not designed for Olympic lifts, which is why they should not be performed in our facility.

EXPECTED BEHAVIOR AND CONDUCT

Be courteous to all supervisors, employees, students, faculty, and staff using the facility. The use of loud and/or profane language or music is unacceptable and will not be tolerated.

The Wellness Center is to be used for health-fitness (exercise/physical activity) related activities only. This facility, including the locker rooms, is not intended for casual socializing, horseplay, or visiting friends if you are not engaging in exercise.

Under no circumstances are any individuals who are not qualified Wellness Center or Exercise Science staff permitted to provide exercise testing, programming, or professional consultation of any kind. Solicitation of personal training services, or any other services, is prohibited and not acceptable at any time.

Gum, food, smokeless tobacco products, vapes, or beverages (other than water or sports drinks) are not allowed in the center at any time.

Cell phones or other electronic devices must be used with headphones or ear buds. All phone conversations must take place outside of the facility. Photography or videography is not permitted at any time in the Wellness Center.

Patrons may wear masks if they prefer to do so. Please respect the decision of all patrons to wear or not wear masks. If you do not feel well, have fever, or have tested positive for infection or virus, please refrain from using the Wellness Center until 24 hours fever free or cleared by your care physician.

ACCEPTANCE OF TERMS AND CONDITIONS

Having read all the above rules and regulations required for use of the Pitney Bowes Foundation Wellness Center at CT State - Norwalk, I fully understand what is expected of me as a willing patron. All my questions regarding these rules and regulations have been answered clearly and to my satisfaction. I hereby agree to abide by the above rules and regulations of the Pitney Bowes Foundation Wellness Center at CT State -Norwalk. Violation of these rules and regulations may revoke the privilege to use the facility for the remainder of the academic term.

STUDENT/EMPLOYEE ID @ _____ Date: _____

Name Printed _____
(Please print clearly)

Signature: _____