isabella
a member of MJHS Health System

Institute For Older Adults

PART A: FIFTY PLUS CLUB MEMBERSHIP INFORMATION

PERSONAL INFORMATION

☐ Ms. ☐ Mrs. ☐ Mr. Last Name _____ _____ First Name_____ M.I____ ☐ M ☐ F **DOB**___/___/_____

Mailing Address_____ _____ _____Apt.#_____ City_____State ____ Zip_____

Home Phone (_____)_____ Mobile (_____)_____ Email _____

Marital Status ☐ Single ☐ Partnered ☐ Married ☐ Separated ☐ Divorced ☐ Widowed Ethnicity_____

PART B: THE FOLLOWING INFORMATION IS ONLY FOR THOSE REQUESTING TO JOIN THE EXERCISE PROGRAM

(Please skip this portion if you will not participate in Walking Works Wonders)

The information in this questionnaire is strictly confidential and is intended to be used only in case of an emergency. **We strongly recommend that you contact your physician before beginning any exercise program**

WALKING WORKS WONDERS APPLICATION

EMERGENCY CONTACT

Name _____ _____ Relationship_____

Address_____ City_____ State _____ Zip_____

Home Phone DAY/EVE (_____)_____ Business Phone DAY/EVE (_____)_____

PERSONAL HEALTH HISTORY

List any diagnosed medical problems _____

_____

_____

Preferred Hospital(s) *In order of Preference*

1. _____

2. _____

3. _____

List your prescribed drugs and over-the-counter drugs, such as vitamins and inhalers

Name the Drug	Strength	Frequency Taken
_____	_____	_____
_____	_____	_____
_____	_____	_____

Allergies

_____

Additional Comments:

_____

_____

Liability Release: I hereby acknowledge and agree that I have been advised to contact my physician before starting any exercise program; and that there is an inherent risk of injury or illness involved with any exercise program. I fully and voluntarily assume complete responsibility for those risks and for the injuries that may occur as a result of those risks.

Signature _____ Date _____