

CSUB Challenge Program Medical Disclosure/ Health Form

The CSUB Challenge Program uses a variety of activities including warm-ups, games, team building initiatives and high and low ropes course activities. While some of these activities can be physically demanding, they are designed to be within the capability of anyone who is in reasonably good health.

All ropes course activities are presented on a "challenge by choice" basis, meaning that participants choose their own level of participation. Although safety is an extremely high priority of all activities, there is a risk, which must be assumed by each participant, that he or she may suffer an emotional or physical injury.

The information requested on this form is intended to help inform challenge course staff of any pre-existing medical conditions they may need to be aware of during your visit.

****What you identify on this medical form will not keep you from participating. However, we may have concerns that can limit participation. ****

We require that this form be filled out in full

Participant Information

Name: _____ Date of Birth/ Age: _____

Address: _____ City: _____ Phone: _____

In case of an emergency please notify:

Name: _____ Relationship: _____

Phone: _____

There is a weight limit for the High Courses, you must be above 60lbs and Below 275 lbs.

There is also a height limit, you be at least 4ft 6 inches.

Height: _____ Weight: _____

Medical Information

1. Do you have any allergies? YES NO
If yes, please explain: _____
2. Have you had an injury, serious illness, or operation in the last 3 years? YES NO
If yes, please explain: _____
3. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? YES NO
If yes, please explain: _____

Check any that apply to you (explain below): Carry Epinephrine Hearing Impaired Heart Condition

Diabetes Asthma or use of Inhaler, etc. Seizures Orthopedic Injury Vision Impaired Past Surgeries

Mobility Impaired Pregnant (suspected or confirmed) Other _____

List any other health concerns you feel we should know about you before starting this program. _____

I acknowledge that the information provide above is correct and truthful.

Name: _____ Signature: _____

Parent or Guardian Signature (If under 18): _____ Date: _____

Physical Activity Readiness Questionnaire (PAR-Q) and You

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly:

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of <u>any other reason</u> why you should not do physical activity?

If you answered:	YES to one or more questions
	<p>Talk to your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.</p> <ul style="list-style-type: none"> • You may be able to do any activity you want – if you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice. • Find out which community programs are safe and helpful for you.

NO to all questions	<p>Delay becoming much more active:</p> <ul style="list-style-type: none"> • If you are not feeling well because of a temporary illness such as a cold or a fever – wait until you feel better; or • If you are or may be pregnant – talk to your doctor before you start becoming more active.
<p>If you answered NO honestly to <u>all</u> PAR-Q questions, you can be reasonably sure that you can:</p> <ul style="list-style-type: none"> • Start becoming much more physically active – begin slowly and build up gradually. This is the safest and easiest way to go. • Take part in a fitness appraisal – this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. 	<p>Please note: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.</p>