

Blaine Senior Center
Cardio Clearance Form

(NuStep, Treadmill, Elliptical, Rowing Machine and Stationary Bike)

Please complete the following section:

Name: _____

Address: _____

Phone Number: _____ Date of Birth: _____

Emergency Contact: _____ Phone #: _____

Physician: _____ Phone #: _____

Please have your Physician complete this section:

Are you familiar with the ___ NuStep Recumbent Cross Trainer, ___ Treadmill, ___ Elliptical, ___ Rowing Machine and/or ___ Stationary Bike?

_____ Yes _____ No

Does the patient have any of the following medical conditions that would prohibit them from using the ___ NuStep Recumbent Cross Trainer, ___ Treadmill, ___ Elliptical, ___ Rowing Machine and/or ___ Stationary Bike?

_____ Yes _____ No If Yes, please check all that apply:

- _____ Uncontrolled arrhythmia
- _____ An unstable angina pectoris
- _____ A myocardial infarction in the last three months
- _____ Chronic pulmonary disease
- _____ Recent heart failure
- _____ Dementia
- _____ Other

Is the patient medically able to work out on the ___ NuStep Recumbent Cross Trainer, ___ Treadmill, ___ Elliptical, ___ Rowing Machine and/or ___ Stationary Bike?

_____ Yes _____ No (If No, explain below)

Are there any special precautions to be taken concerning the use of the ___NuStep Recumbent Cross Trainer, ___Treadmill, ___Elliptical, ___Rowing Machine and/or ___Stationary Bike?

_____ Yes _____ No (If Yes, explain below)

Physician's Signature

Date

Physician Print Name

Clinic or Practice Address

Participant Complete this Section:

I hereby apply to use the ___NuStep Recumbent Cross Trainer, ___Treadmill, ___Elliptical, ___Rowing Machine and/or ___Stationary Bike in the Blaine Senior Center Open Gym. I will not use any of the other equipment in the Gym until I have successfully completed the Strength Training for Seniors Class.

I acknowledge there are risks associated with any exercise, and I accept full responsibility and liability for such risks associated with using the above listed machines.

I also confirm that I do not have any of the prohibited medical conditions described on the front page of this Physician's Clearance form.

I understand that in case of emergency, the Emergency Response System (911) will be called for assistance.

Participant's Signature

Date

Any Questions? Call (360) 332-8040

Please return your completed form to the
Blaine Senior Center
763 G Street
Blaine, WA 98230

Email: admin@blaineseniorcenter.org FAX: (360) 332-1709