



Dear Restore Participant,

Welcome to the Restore program. We are excited about the opportunity to work with you. Please let us know if there is anything we can do to encourage your success.

ENCLOSED YOU WILL FIND THESE MATERIALS TO COMPLETE AND SEND BACK TO US:

1. The Before I begin an Exercise Program Form
2. The Informed Consent Agreement
3. The Health and Performance Survey

PLEASE RETURN INFORMATION TO:

Christian Care Ministry
Attention: Restore
P.O. Box 120099
West Melbourne, FL 32912

Sincerely,

John Reinhold
Health Initiatives Director



Informed Consent for Engaging in an Exercise Program

I, _____, agree to disclose to my coach any known limitations, condition, illness, or injury that could adversely affect my safety while participating in an exercise or fitness program. I currently have no medical condition, musculoskeletal injury or pain, or physical or cognitive limitation that would make it unsafe to participate in an exercise program. No physician has advised that I am to avoid exercise or that I am to follow certain precautions, restrictions or conditions when exercising due to a specific medical condition. I understand that I am not to participate in any activity that my physician says would not be safe for me. I agree to employ every means available to help ensure my safety while exercising. For example, if I decide to use exercise equipment, it is my responsibility to ensure that the equipment is in good working condition. Also, I am to apply proper guidelines for technique in performing an exercise, and to progress at a safe pace.

I understand that there are risks incurred while exercising that may lead to heart disorders which may include abnormal heart rhythms, abnormal elevations or drops in blood pressure and, in very rare instances, a heart attack, stroke or some other life-threatening problem. There is also some possibility of physical injury to bones, muscles, ligaments, or tendons.

I understand that I am to stop exercising and consult with my physician and/or call 911 if I develop symptoms of light-headedness, dizziness, difficulty breathing, chest/shoulder/neck/jaw pain or pain radiating to the back during or following an exercise session.

Printed Name of participant

Signature of participant

Date

CCM representative's signature

Date



Before I Begin an Exercise Program

After completing this and the accompanying medications form, send them to Christian Care Ministry: P.O. Box 120099, Melbourne, FL 32912 Note: This form covers many areas of risk, but some conditions that would limit or prohibit certain forms of exercise may not have been addressed.

Name (Please Print) _____ Phone: _____

Check the box to the left of each statement that describes you; and fill in your height and weight

- I experience pain on movement due to muscle, bone, tendon, ligament or joint injury, or past surgery.
- I have had joint reconstructive or joint replacement surgery. (Joint(s): _____)
- I experience pain, discomfort or pressure in the chest, neck, jaw, arms, shoulder, elbow or back with physical activity.
- I experience pain, discomfort or pressure in the chest, neck, jaw, arms, shoulder, elbow or back when at rest.
- I experience occasional dizziness or fainting.
- I sometimes experience difficulty breathing while lying down or experience night episodes in which I suddenly have difficulty breathing.
- My ankles/lower legs swell to the point where I can make an indentation on my lower leg with my thumb.
- Sometimes my heart pounds or races, or I experience unusual heart sensations without exercise or other known cause.
- I often experience pain and/or cramping in my legs with walking short distances or other mild exercise.
- I have been diagnosed with a nerve or muscular disease (e.g., Parkinson's, MS, etc.).
- I experience unusual fatigue or shortness of breath with day-to-day activities.
- I have osteoarthritis, rheumatoid arthritis, or some other form of arthritis.
- I have been told I have osteoporosis or osteopenia (bone weakness).
- I have heart disease (for example, coronary artery, valve or congestive heart disease, or an abnormal heart rhythm).
- I have lung disease (e.g., emphysema, asthma, chronic bronchitis), diabetes, thyroid, kidney or liver disease.
- A physician has placed or recommended limitations or restrictions on my activity or exercise.

- One of the following describes me (underline):** ¹I am a man over 45 years of age, or ²a woman over 55, or ³a woman who experienced premature menopause without estrogen replacement therapy, or ⁴a woman who is pregnant.
- A male first degree relative (parent, sibling or child) experienced a heart attack or sudden death before 55 years of age; or a female first degree relative experienced a heart attack or sudden death before 65 years of age.
- I am currently a smoker.
- I have high total cholesterol (over 200) or low HDL cholesterol (below 40 for a man; below 50 for a woman).
- My blood pressure is above normal - at/above 120 systolic or 80 diastolic), and/or I am on blood pressure medication.
- Underlined items describe me:** ¹I have type 1 diabetes; ²have type 2 diabetes; ³on diabetes meds or insulin
- I live a sedentary life: I don't exercise regularly, and my work and recreation require only moderate activity at most.
- One of the following describes me (underline):** ¹I am male with waist of 40" or more or, ² female with waist of 35" inches or more (at the belly button, while standing, with abdomen relaxed; pants size is *not* accurate).

My height in inches, without shoes: _____ My weight, without shoes: _____

Signature _____ Date ____/____/____

