

Health Promotion for Faculty and Staff



APPALACHIAN STATE UNIVERSITY®

Name _____ Email _____
 First Middle Last

Cell Phone # _____ DOB _____ Banner ID# _____

Home Address _____
 Street/Road City State Zip

Status (please check one): Faculty _____ Staff _____ Retiree _____ Spouse _____ Domestic Partner _____

(If spouse or domestic partner give full name of ASU employee) _____

ASU Dept. _____ Dept. Phone # _____

Emergency Contact _____ Phone # _____ Relationship _____

Primary Care Provider _____ Phone Number _____

Please check all that apply. *When a participant has 1 check-in column A or 2 checks in column B we will send a referral to your provider for medical clearance. We must obtain medical clearance before participation begins.*

| A. Heart Related | B. Heart Disease Risk Factors |
|---|---|
| Heart Attack | Are you a male over 45 or a woman over 55? |
| Heart Surgery, Cardiac Catheterization, or Coronary Angioplasty | Family History: Has the following had a heart attack, angioplasty, stent or sudden death: <i>father or brother before the age of 55 and/or mother or sister before the age of 65?</i> |
| Pacemaker or a diagnosed cardiac rhythm disturbance | Do you currently use tobacco products? |
| Heart Valve Disease | Do you have high blood pressure (130/90 mm Hg) and/or are you on high blood pressure medication? |
| Heart Failure | Is your <i>total cholesterol over 200 mg/dl</i> , your <i>LDL over 130 mg/dl</i> , your <i>HDL under 35 mg/dl</i> or your <i>HDL over 60 mg/dl</i> ? |
| Heart Transplant | Do you have 2 Diabetes? |
| Congenital Heart Disease | If you are a female, is your BMI over 30 kg/m or waist circumference over 102 cm. For a male, is your BMI over 30 kg/m or waist circumference greater than 88 cm? |
| Type 1 Diabetes or Renal Disease | Check the box if you <i>don't</i> exercise for 30 minutes a day 3 days per week at a moderate intensity. |

Please read and sign this informal consent statement:

I understand the nature of the Health Promotion for Faculty and Staff (HPFS) Program and its purpose in providing various exercise classes. I am aware that any strenuous activity involves certain risks including, but not exclusive to, cardiovascular problems and orthopedic injuries. I hereby agree to assume the risk of any and all accidents or injuries of any kind which may be sustained by me by reason of or in connection with my participation in the HPFS Program, and hereby release, hold harmless and indemnify Appalachian State University, its agents and employees from any claims or causes of action, and all liability or responsibility, for any such accident or injury whether or not such an event or injury is caused by or results from the negligence of the university or its agents or employees.

I hereby agree to abide by all rules and regulations of the Program. I understand that from time to time medical information and data collected may be used for research purposes and I hereby consent to such uses as long as confidentiality is maintained.

Signature _____ Date _____

Please return to Health Promotion for Faculty and Staff: Fax to 828-262-7019 or email healthpromotion@apstate.edu