Exercise Readiness Questionnaire & Medical Form Waiver

For Participation in the

Tropical Winter Wellness Retreat™ February 13 – February 20, 2021

First Name: Last Name:

Date of Birth: Contact number: Email:

Regular exercise is associated with many health benefits. Increasing physical activity is safe for most people. However, some individuals should check with a physician before they become more physically active. Completion of this questionnaire is to determine if you need to consult with your physician about participation in the activities included in the LOTUS Fitness Retreats LLC. Tropical Winter Wellness Retreat™. Please read each question carefully and answer every question honestly:

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| --- | --- | --- |
| Yes | No | 1) Has a physician ever diagnosed you with a heart condition and indicated you should restrict your physical activity? |
| Yes | No | 2) When you perform physical activity, do you feel pain in your chest? |
| Yes | No | 3) When not engaging in physical activity, have you experienced chest pain in the past month? |
| Yes | No | 4) Do you ever faint or get dizzy and lose your balance? |
| Yes | No | 5) Do you have an injury or orthopedic condition (such as a back, hip, or knee problem) that may worsen due to a change in your physical activity? |
| Yes | No | 6) Do you have high blood pressure or a heart condition for which a physician is currently prescribing medication? |
| Yes | No | 7) Are you pregnant? |
| Yes | No | 8) Do you have insulin dependent diabetes? |
| Yes | No | 9) Are you 69 years of age or older and not used to being very active? |
| Yes | No | 10) Do you know of any other reason you should not exercise or increase your physical activity? |

**If you answered yes to any of the above questions, talk with your doctor before you become more physically active.** Tell your doctor your plan to travel on the Tropical Winter Wellness Retreat™ which will include exercise and to which questions you answered yes above.

If you honestly answered no to all questions you can be reasonably certain you can safely participate in the activities scheduled as part of the Tropical Winter Wellness Retreat ™. If your health changes so that you would answer yes to any of the above questions, seek guidance from a physician.

Participant’s Signature: Date:

Emergency Contact: Phone Number: