TASC Fitness Center - Member Information:

Please provide the information below. Please print legibly.

NAME:					SOCIAL SECURITY NUMBER:		
GENDER:	MALE	FEMALE	(Circle One)	DOT ADMINISTRATION:			
ROUTING SYMBOL:		USCG MILITARY?	YES	NO	(Circle One)	DATE OF BIRTH:	
WEIGHT RANGE:	NOT OVERWEIGHT	10% OVERWEIGHT	20% OVERWEIGHT	(Circle One)			
BUILDING:		ROOM:		TELEPHONE:			

DO YOU HAVE HIGH BLOOD PRESSURE?	YES	NO	(Circle One)
IF YOU ARE ON ANY BLOOD PRESSURE MEDICATION? WHAT IS IT?			
DO YOU SMOKE?	YES	NO	(Circle One)
IF YOU DO SMOKE, HOW MANY PACKS A DAY?			
IF YOU QUIT SMOKING, GIVE YOUR QUIT DATE.			
WHAT IS YOUR CURRENT CHOLESTEROL LEVEL?			
DO YOU HAVE DIABETES?	YES	NO	(Circle One)
IF YOU ARE ON MEDICATION FOR DIABETES, WHAT IS IT?			
HAVE YOU EVER HAD A HEART ATTACK?	YES	NO	(Circle One)
HAVE YOU EVER HAD HEART SURGERY?	YES	NO	(Circle One)
HAVE YOU HAD OR HAVE ANGINA?	YES	NO	(Circle One)
DO YOU HAVE HEART HISTORY IN YOUR FAMILY?	YES	NO	(Circle One)
ARE YOU ON ANY OTHER MEDICATION?	YES	NO	(Circle One)
IF SO, FOR WHAT?			

IS YOUR EXERCISE LEVEL AT WORK:	SEDENTARY	ACTIVE	VIGOROUS	(Circle One)
IS YOUR EXERCISE LEVEL AT HOME:	SEDENTARY	ACTIVE	VIGOROUS	(Circle One)
ANY OTHER PROBLEMS?				

HAS YOUR DOCTOR EVER ADVISED AGAINST EXERCISE?	YES	NO	(Circle One)
IF SO, WHY?			

PRIVACY ACT STATEMENT Authority: 5 U.S.C. 301, 7901.

PURPOSE: This form requests information necessary to evaluate the physical condition and prepare an exercise prescription for each participant in the TASC Employee Fitness Program.

USE: Personal information will be transferred to medical and health officials, whose advice is necessary to aid in the evaluation of the participants in the Program. Statistical information will be made available to individuals involved in health or physical fitness programs.

DISCLOSURE: Disclosure of this information is voluntary.

TASC *Service/Value/Success*