

THE STRONG WOMEN PROGRAM



Your Strong Women Classes Will Meet:

Days (circle): Mon Tues Wed Thu Fri Sat Sun Time _____ am/pm to _____ am/pm

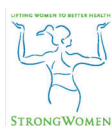
Location _____

All Strong Women Program Participants Should Wear:

- Comfortable, loose, breathable clothing
- Closed-toe shoes with rubber soles, preferably athletic shoes or sneakers
- Minimal jewelry– especially on hands and wrists

For Each Class, Strong Women Program Participants should Bring (program leader to check boxes next to items that *participant* needs to supply):

- At least one full water bottle
- 1-2 sets of appropriate weight dumbbells
- At least one adjustable ankle weight
- Exercise mat or towel



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Participant Summary Information Sheet

Name _____

Address: _____

Phone Number: _____

Date of Birth: _____ Age: _____

Program Site: _____ Program Time: _____

State Date: _____ End Date: _____

In Case of Emergency, please call:

Name: _____

Relationship: _____

Phone Number: _____



Participant Consent (2009/10)

I have voluntarily enrolled in a program of progressive exercise. The program is designed to place a gradually increased workload on the heart, lungs, muscles and bones to help improve their function. I understand that participation in such a program may be associated with some risks. These risks may include but are not limited to muscle soreness, fainting, disorders of heart beat, abnormal blood pressure, and in very rare instances, heart attack. To the best of my knowledge I do not have any limiting physical conditions or disability that would preclude any exercise program. Effort will be made to minimize any risks to me by a pre-exercise assessment and a medical screening. I release everyone who has designed, promoted, provided space for, or conducted the Strong Women Program from all claims or liabilities whatsoever resulting from my participation in this program. I assume all risks and responsibility for any injury, damage, or any other adverse event that may result from my participation in this program. I understand and accept that this is a voluntary program designed to improve my physical well-being and is not a service growing out of or incidental to my employment with Rock County.

Before I begin this program I understand that a pre-exercise assessment and physician screening consent form may be required. I understand that each person may react differently to these fitness activities and these reactions cannot be predicted with complete accuracy. I will inform the Program Leader and/or my health care provider if I experience any unusual symptoms.

Signature _____

Printed
Name _____

Date _____



Part B Participants' medical history
 Medical History and Current Health Survey

Name: _____

Please read the following list carefully and circle Yes or No as it applies to Your medical history and current health. Please include any additional information and conditions for which you are receiving medical care.

Medical History		
Aneurysm	Yes	No
Arthritis (Rheumatoid or Osteoarthritis)	Yes	No
Asthma	Yes	No
Back Pain	Yes	No
High Blood Pressure (last reading /)	Yes	No
Low Blood Pressure (last reading /)	Yes	No
Bone Fractures	Yes	No
Cancer (Please provide type and treatment)	Yes	No
High Cholesterol (Last reading /)	Yes	No
Diabetes (type I or Type II)	Yes	No
Emphysema	Yes	No
Epilepsy	Yes	No
Heart Disease	Yes	No
Family History or Heart Disease (Mother, Father, Siblings)	Yes	No
Hernia	Yes	No
Joint or Ligament Injuries (Please specify)	Yes	No
Muscle Injuries (Please specify)	Yes	No
Neck Pain or Injury	Yes	No
Osteoporosis	Yes	No

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Medical History (continued)		
Surgery	Yes	No
Terminal Illness	Yes	No
Vertigo or Lightheadedness	Yes	No
Other:	Yes	No
Current Health– Past month		
Back Pain	Yes	No
Chest Pain or Tightness	Yes	No
Discomfort from the Waist Up	Yes	No
Heart Palpitations	Yes	No
Indigestion	Yes	No
Jaw Pain	Yes	No
Joint Pain	Yes	No
Lightheadedness	Yes	No
Muscle Pain	Yes	No
Nausea	Yes	No
Neck Pain	Yes	No
New Medication or Dosage Changes	Yes	No
Shortness of Breath	Yes	No
Other:	Yes	No

Signature _____ Date _____

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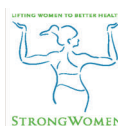
Physical Activity Readiness Questionnaire (PAR-Q)

Regular physical activity is fun and healthy and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However some People should check with their doctor before they start becoming much more physically active. If you are planning to become much more physically active than you are now start by Answering the seven questions in the box below. If you are between the ages of 15 and 69 the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 Years of age and you are not used to be very active check with your doctor. Common sense is your best guide when you answer these questions. Please read the questions carefully and Answer each one honestly.

Question	Yes	NO
Has your doctor every said that you have a heart condition And that your should only do physical activity Recommended by a doctor?		
Do you feel pain in your chest when you do physical Activity?		
In the past month have you had chest pain when you Were not doing physical activity?		
Do you lose your balance because of dizziness or do you Ever lose consciousness?		
Do you have a bone or joint problem that could be made Worse by a change in your physical activity?		
Is your doctor currently prescribing drugs for your blood Pressure or heart condition? (for example: water pills Blood thinners)		
Do ;you have any other reason why you should not do Physical activity?		

NOTE:

- If your health changes so that you then answer YES to any of the above questions tell your fitness or Health professional. Ask whether you should change your physical activity.
- Informed use of the PAR-Q: The Canadian Society of Exercise Physiology Health Canada and their Agents assume no liability for person who undertake physical activity and if in doubt about completing this questionnaire consult your doctor prior to physical activity.



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If you answered “YES” to one or more questions:

Talk to your doctor by phone or in person BEFORE you start becoming much more physically Active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want as long as you start slowly and build up Gradually, Or you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

If you answered “NO” to all of the questions:

If you answered NO honestly to all PAR-Q questions you can be reasonably sure that you can:

- Start becoming much more physically active. Begin slowly and build up gradually, This is the safest and easiest way to go.
- Take part in a fitness appraisal. This is an excellent way to determine your basic Fitness so that you can plan the best way for you to live actively.

Delay becoming much more active:

- If you are not feeling well because of a temporary illness such as a cold or a fever. Wait until you feel better; or
- If you are or may be pregnant. Talk to your doctor before you start becoming more Active.

I have read understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

- Name _____
- Signature: _____
- Date: _____
- Witness: _____





EDGERTON HOSPITAL

To: Rock County Doctors

From: Angie Sullivan, MS, CHES
Community Education Coordinator
Edgerton Hospital and Health Services

Re: Strong Women Program

Dear Doctor _____,
Your patient _____, is interested in participating in the Strong Women Program with Edgerton Hospital and Health Services. This moderate intensity, progressive exercise program includes strength and balance training and is designed to improve muscle strength, dynamic balance, and flexibility.

This program is based upon the results of strength training studies in older adults conducted by scientists at the John Hancock Center for Physical Activity and Nutrition at the Gerald J. and Dorothy R. Friedman School of Nutrition Science and Policy at Tufts University, Boston, MA. Scientists and exercise physiologists at Tufts University have designed this exercise program especially for mid life and older adults, and Program Leaders in you community are implementing this program. Your patient will be required to complete a Medical History Questionnaire and provide Informed Consent prior to participation in the exercise program. Please complete and sign the enclosed Physician Authorization Form. If you have any questions or would like to discuss your patient's participation in this program in further detail, please call Angie Sullivan at 608-884-1489.

Sincerely,

Angie Sullivan, MS, CHES
asullivan@edgertonhospital.com

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Physician Authorization Form

Patient Name: _____

Address: _____

Phone Number: _____ Date of Birth _____

Date of Last Exam: _____

Height: _____ Weight: _____ Pulse: _____ BP: _____

Other: _____

Medical Conditions: _____

Medications: _____

Special Considerations: _____

_____ Yes, my patient can participate.

_____ No, my patient cannot participate at this time due to his/her medical conditions and health status.

Physician's Signature: _____

Print Name:

Address:

Phone Number: _____ FAX number: _____

