

TAMUG EMPLOYEE WELLNESS PROGRAM PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

It is the strong recommendation of TAMUG that **all** employees seek the advice of a physician prior to engaging in a physical activity program. This questionnaire will help you determine when you must seek medical advice regarding the types and intensity of physical activity most suitable for you. To be eligible during the next 12 months to engage in physical activity at any Texas A&M University at Galveston (TAMUG) facility **or** to participate in any TAMUG Employee Wellness Program sponsored event, activity, or service that involves physical activity, a signed Employee Wellness Program Physical Activity Readiness Questionnaire and an Employee Wellness Program Physical Activity Participation Agreement must be submitted to the Wellness Coordinator. To remain eligible, an updated questionnaire must be submitted every twelve (12) months.

Section A

Anyone with one or more of any of the following four conditions should seek medical advice before engaging in physical activity at TAMUG:

1. Chest discomfort with exertion or existing heart disease
2. Unusual shortness of breath
3. Dizziness, fainting, blackouts
4. Any other medical problem that prevents you from safely participating in physical activity

If you have any of the conditions listed in Section A above, contact your primary care provider for an evaluation as he/she deems necessary before participating in a worksite physical activity, and then complete Section C below. If you do not have any of the conditions listed above, proceed to Section B below.

Section B

Anyone with two or more of the following eight risk factors should seek medical advice before engaging in physical activity at TAMUG:

1. Physically inactive, meaning you have not participated in physical activities of at least a moderate level (i.e., that caused light sweating and slight-to-moderate increases in breathing or heart rate) for at least 30 minutes per session and for at least three days per week for at least the past three months
2. Cigarette smoker
3. Diabetes
4. High blood pressure that is not controlled
5. A cholesterol problem that is not controlled
6. Family history of heart disease (developed in father/brother before age 55 or mother/sister before age 65)
7. Abdominal circumference greater than 40 inches for males or greater than 35 inches for females
8. Age greater than 45 years for males or greater than 55 years for females

If you have two or more of the risk factors listed in Section B above, contact your primary care provider for an evaluation before participating in worksite physical activity, and then complete Section C below. If you have fewer than two of the risk factors listed in Section B above, proceed to Section C below.

Section C

Please initial the response below that applies:

_____ My doctor has advised me regarding the type and intensity of physical activity that would be appropriate for me.

_____ I do not have any of the medical conditions described in Section A above, nor do I have two or more of the risk factors described in Section B above.

Printed Name

Participant's Signature

Date

TAMUG EMPLOYEE WELLNESS PROGRAM PHYSICAL ACTIVITY PARTICIPATION AGREEMENT

I desire to voluntarily participate in any Texas A&M University at Galveston (TAMUG) Employee Wellness Program sponsored event, activity, or service that involves physical activity and/or use the facilities and equipment provided by TAMUG for the purpose of personal physical activity. In consideration of the right and privilege of being permitted to participate in any of these events, activities, and services and/or to have access to and the use of said facilities and equipment:

(Initial next to each statement below)

____ I agree to the conditions set forth herein and acknowledge that the voluntary participation in the aforementioned programs and/or access to and use of facilities and equipment is not a condition of employment, is not related to my employment and therefore, my participation in the aforesaid programs and/or use of facilities and equipment, should any injury occur, will not be covered by worker's compensation.

____ I acknowledge that I am fully aware that there are risks for certain individuals participating in activities involving physical exertion.

____ I affirmatively acknowledge that I have completed the TAMUG Employee Wellness Program Physical Activity Readiness Questionnaire. If necessary, I have obtained independent medical approval prior to participating in these programs and/or using these facilities and equipment for any activities involving physical exertion. I have no knowledge of any physical condition or disease, which would preclude my participation in these programs, and/or use of these facilities or equipment.

____ If I become aware by any means whatsoever of any medical problem, physical condition, risk indicator, or disease, which would preclude my participation in these programs, and/or use of these facilities or equipment, I specifically agree to withdraw from the programs and/or discontinue use of these facilities and equipment.

____ I agree to notify the TAMUG Physical Education Facility Director, Safety Coordinator, and/or Wellness Program Coordinator if I detect any hazards or defects in any of the facilities or equipment to which I am allowed access for these activities.

____ I agree to comply with the policies, procedures and guidelines and any directions from Employee Wellness Committee Members or providers when participating in physical activity programs or using facilities and equipment made available for that purpose.

____ **I agree to indemnify and hold harmless** The Texas A&M University System, the Board of Regents for The Texas A&M University System, and their members, officers, servants, agents, volunteers, or employees (**INDEMNITEES**) from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, which may occur to myself, other participants, and third-persons as a result of my participation in any TAMUG Employee Wellness Program sponsored physical activity program, including instruction or assistance by employees regarding equipment use or physical activity, or using facilities and/or equipment made available for that purpose, and **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of INDEMNITEES.**

____ I understand that if I violate this agreement I may be denied the opportunity to participate in TAMUG Employee Wellness Program sponsored physical activity programs and/or access to and use of facilities and equipment.

In executing the foregoing, I acknowledge and affirm that I have carefully read the same and have obtained a satisfactory explanation of any part thereof that I do not understand.

Printed Name

Participant's Signature

Date