

## Participant Information and Health History

Your completed application is needed to enroll in classes with Seattle Parks and Recreation offered in partnership with Sound Generations. An email address is required to submit your electronic application. If you have ASH Silver and Fit as part of your medical benefits, your Silver and Fit Fitness ID number is required. We encourage you to complete the application in full. This helps us demonstrate how this program is serving people who will benefit the most.

Your answers are strictly confidential. Once your application is submitted an autogenerated confirmation email will be sent.

Personal Information				
First MI Last				
Name:				
Is there a nickname that you prefer to use?  Birthdate: (mm/dd/yyyy)  Gender: O Female O Male O Gender  How did you hoar about EnhanceFitness?				
How did you hear about EnhanceFitness?				
Contact Information				
Street:				
City: State: WA Zip Code:				
Phone: Email:				
Demographic Information				
1a. Do you speak a language other than English at home?				
○ Yes What language?				
O No				
1b. Do you sometimes have difficulty speaking English? O Yes O No				
1c. Do you sometimes have difficulty understanding English? O Yes O No				

Demographic Information (co	ontinuea)				
2. What is the highest level of ed	ucation that you have cor	npleted?			
O Less than high school	O Some college or vocational school				
O Some high school	O College graduate				
O High school graduate	O Graduate school				
3. What is your yearly income?	O Less than \$15,000	○ \$50,000 to \$75,000			
	O \$15,000 to \$24,999	O More than \$75,000			
	O \$25,000 to \$49,999				
4a. Are you of Hispanic, Latin, or	Spanish origin?				
O Yes, Hispanic/Latino	Unknown				
O No, not Hispanic/Latino	O Prefer not to answer				
4b. Please select one or more of to Native American or Alaska		•			
O Asian or Asian American	O White	O Prefer not to answer			
O Black or African American	Other	2 or more races Unknown			
5. What is your current marital s	tatus?				
Single (never married)	○ Married	Divorced			
O Partnered (living with some	eone) O Separated	O Widowed or Widowered			
6a. How many people live in you	r household (including yo	ourself?)			
6b. How many children (under a	age 18) live in your hous	ehold?			
7a. Do you now have any health such as a cane, wheelchair,	1 7	1 1			
7b. Are you limited in any activit	ies because of physical, m	nental, or emotional challenge?  Yes No			
8. Have you ever served on activ	ve duty in the U.S. Armed	Forces, Military Reserves or			

Medical Information							
9. Do you have health insurance? (Check all that apply.)							
Medicare Medicaid Private Insurance							
10. Does your insurance plan include Silver and Fit? O Yes O No							
a. Silver and Fit ID Number:							
Your Silver and Fit ID number is required in order for American Specialty Health to verify and confirm your eligibility for participation in the EnhanceFitness Program and its associated classes. Silver and Fit participants may attend up to 10 class dates per month.							
Health History							
Your Name:							
Your Home Phone:							
Emergency Contact Information:							
Name/ relationship:							
Phone:							
What medications do you take?							
Do you have any allergies to food or medications? If yes, please list:							
What do you wish to accomplish by participating in this exercise program?							

Your Doctor's Name:						
Doctor's Phone:						
Clinic Name, Mailing Address:						
City:	State: WA	Zip Code:				
Chronic Conditions						
Have you ever been told by a doctor or other health professional that you have any of the following conditions (Mark all that apply.)						
Arthritis Rheumatic disease Cancer Diabetes Depression		Heart Disease Hypertension Lung disease/ Brea OR No chronic condition		oroblems		
Other Conditions						
Alzheimer's Disease Artificial Joint - where?		Fall(s) Foot/ankle swelling Heart attack		Parkinson's Disease Poor leg circulation - which leg?		
Back problems		Heart surgery		Seizures or epilepsy		
Blackouts	一	Hernia	片	Severe headaches		
Broken bones  Chest pain / angine		Irreg./rapid heart beats	님	Shortness of breath		
Chest pain/ angina Cholesterol > 240	一	Knee injuries  Macular degeneration	Ш	Smoking		
Congestive heart failur		Memory loss		- #/day: Stroke		
Dizziness or blurred visi	一	Multiple sclerosis		Surgery in past year		
Double vision		Osteoporosis	一	Unsteadiness		
Emphysema		Pacemaker/ defib.		Weakness		
Other conditions or additional information:						

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Self-Assessment	Yes No				
Do you believe you are physically fit?	$\circ$				
Are you happy with your current weight?	$\sim$ $\sim$				
Can you stand up from a chair without using the a	$\sim$				
Can you get up from the floor without assistance?					
Can you stand on one leg without support?					
Can you walk up and down steps without using the handrail?					
Can you walk around a city block without being short of breath?					
What exercise do you currently do on a regular basis? enter number of times per week next to the right o					
Walk Bike Skate					
☐ Jog ☐ Dance ☐ Tai Ch ☐ Row ☐ Swim ☐ Tenni					
Row Swim Tenni Yoga Stretch Weigl					
	it Lift				
Where would you like to attend class if available?					
Garfield Community Center					
O Magnuson Community Center					
Meadowbrook Community Center					
Miller Community Center					
Queen Anne Community Center					
Rainier Community Center					
I, , hereby acknowledge that all the above information is true. I release Sound Generations (Seattle, WA) and all of its agents from all liability for any accident, injury or damages of any kind to persons or property that might occur while I participate in an EnhanceFitness® class.					
Signature:	Date:				



