



IIS Network
BP FITNESS CENTER
managed by CBRE

WL1
Ph: 832-619-2244

Helios
Ph: 832-664-4568
Fax: 713-323-7452

New Member Assessment

Instructions: Complete the attached Health Background Information. RETURN TO: WL1 or Helios, 1st floor Fitness Center. When we are in receipt of your completed packet we will contact you to schedule your appointment.

The purpose of this form is to aid in the evaluation of your current level of physical fitness and to serve as a basic risk-screening tool. Results are then used to help establish an individualized exercise program and to make recommendations for healthy lifestyle habits.

- Completion of the Medical History section of this form is completely voluntary. Our purpose is to maximize benefit and minimize risk to you and BP. The BP Fitness Center and data records are managed by CBRE. CBRE respects your privacy and is committed to protecting it.
- This information will be stored in an encrypted database in the United States. Should you have any questions regarding access to, or accuracy of your data, or any other data privacy issues relating to the Fitness Center data records, please contact Sheila.Sharemet@bp.com

Please read the full text of our privacy statement located on bpfitnesscenter.net

A New Member Assessment will be performed--it is not a test. A fitness specialist will review your paper work with you, ask pertinent questions regarding your responses to the voluntary questions asked. Following the paperwork review four biometric markers will be taken listed below.

- Blood Pressure
- Height
- Weight
- Body Composition test

Following the Body Composition test with a fitness specialist to interpret the results of your assessment. He or she will discuss your health goals, questions, exercise objectives, discuss the facility, what we offer, and concluding with a facility tour. You will receive a barcode at that time for your badge, that will be used for daily check in. **WELCOME! You're now a Fitness Center member!**

HEALTH BACKGROUND INFORMATION

Instructions: Please complete this form to the best of your knowledge. ALL INFORMATION WILL REMAIN CONFIDENTIAL.

Name: _____ E-Mail: _____ Date: _____

Phone: _____ Circle: Male Female Age: _____ Date of Birth: _____

Employer: _____ Building (ex. WL1): _____ Work Phone: _____

I am the spouse of a BP employee? My spouses name: _____ Cell Phone: _____

PERSONAL INTEREST SURVEY

What are your most important "goals" for joining the fitness center? (ie: weight loss, illness prevention, injury rehabilitation/or prevention, lean weight/strength gain, eat better, increase flexibility, motivation /support, sports specific or other goal)

What kind of activities are you interested in? (ie: exercise classes, strength training, yoga, pilates, cardiovascular machines, personal training services, minor injury rehab, nutritional guidance or other activity).

MEDICAL HISTORY

The following section is voluntary. The purpose of gathering the information below is to minimize health risk to you and maximize the benefit of the fitness assessment and wellness program. The information you provide on this form will be securely stored and may only be viewed by authorized staff. At any time you may ask to review the information you provide to ensure accuracy. You may also request that all or parts of the information you provide be removed.

Please list all medications you are currently taking (including vitamins and minerals). Some medications and supplements may affect your physical state and aspects of the fitness assessments in ways you are not aware of.

Are you currently taking any medication for high blood pressure? _____

Musculo-Skeletal History:

List the following if present or experienced in the past and give dates. Examples such as: low back ache, back injury, knee injury, shoulder injury, wrist or hand injury, elbow injury, etc.

Are there any physical or medical problems not already that need to be taken into consideration in designing a fitness/nutrition program? *Examples may include: past surgeries, diseases, recent illness, family history of illness or condition, etc.*

LIFESTYLE HABITS

If you are a smoker, describe your current smoking habit (ie. how long and how often you smoke):

Do you eat/drink caffeinated foods/beverages? How much per day?

How often do you perform regular exercise and what kind?

My answers to the questions in the Health Background Information questionnaire are accurate to the best of my knowledge.

Signature

Date

Violation of any BP Fitness Center policy may result in suspension, expulsion and/or termination of membership. The BP Fitness Center Supervisor makes all final decisions regarding suspension, expulsion and/or termination of memberships.