

INFORMED CONSENT

Note: Please fill all necessary details in the document, in your own handwriting, and to be submitted to the Gymnasium Counselor before commencing usage of the Gym equipments as authorized user. All this information will be kept confidential. Anyone not filling these will be treated as unauthorized user.

I, _____,

(Employee id & Name)

understand that before beginning my exercise program, I should consult with a Physician.

It is agreed that using Gym facilities shall be undertaken by an employee at his/her liable risk, and AMDOCS Development Centre India Pvt. Ltd. or Gymnasium Management shall not be liable for any accident or mishap arising out of this.

It is also agreed that I am responsible for any damages caused by me to the facilities and equipment of the gym, I also agree to abide by the rules & regulations of the Amdocs Gym and will extend my co-operation to the Gym Management staff.

I have read all the details of this form and comply with the same.

Employee id:

Name:

Signature:

HOUSE RULES

1. Amdocs Gym is open for all DVCI employees upon taking membership.
2. This is a voluntary activity and all employees are taking part on its own decision & risk. Company or Gymnasium Management will not be held responsible for any untoward incidences and no claim should arise out of this activity.
3. It is expected that normal acceptable social/ behavioral norms will be adhered to at all times, be with colleagues or with Gym management staff.
4. Employee's code of conduct is to be adhered to at all times.
5. In the interest of your own health, please follow instructions from the gym management staff.
6. The management shall not be responsible for the loss of belongings of the members, and will not entertain any claims in this respect. Members are advised not to keep valuables in the changing room.
7. If required medical records to be shared with Counselor/ Instructor
8. Music/TV noise should not be disturbing to office working. In case there is any such request by employees working in office, it would be attended to.
9. Regular work shoes are not allowed inside Gym. Members should use the separate exercise shoes only in the Gymnasium.
10. Proper Gymnasium attires needs to worn.
11. Employees to get own toiletries & towels (exe. Towel & bath towel)
12. Company reserves right to change / modify House rules at any point. This will be displayed on the Gymnasium Notice board whenever there is change.

Timings:

13. Gymnasium along with Instructor will be kept open only during specified timings as below:
 - a. Morning : 0600 to 0900 hrs with Instructor
 - b. Evening : 1800 to 2200 hrs with Instructor

I will be doing the exercise at my own risk and I hereby indemnify Amdocs Gym and its management from any loss/damage occurring to me while doing the exercise in the Fitness Club. I hereby undertake to make good the loss, if any caused by me to the Fitness Club property.

I have read the house rules of the Amdocs Gym and I agree to abide by the same.

Employee id:

Name:

Signature:

HEALTH HISTORY QUESTIONNAIRE

Regular physical activity is safe for most people. However, some should check with their doctor before they start an exercise program. To help us determine if you should consult with your doctor before starting to exercise with Amdocs Gym, please read the following questions carefully and answer each one honestly.

Personal Information:

Home Address (local):

Telephone Home:

Extn No. (Office):

Mobile No:

In case of emergency, please notify:

Name:

Relationship:

Contact No.

Height :

Weight:

Gender:

Birth Date:

Age:

General Information:

- What are your specific goals at Amdocs Gym (indicate all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Increase strength & endurance | <input type="checkbox"/> Improve flexibility |
| <input type="checkbox"/> Improved cardiovascular fitness | <input type="checkbox"/> Improve muscle tone |
| <input type="checkbox"/> Exercise regularly | <input type="checkbox"/> Increase muscle mass |
| <input type="checkbox"/> Sports conditioning | <input type="checkbox"/> Injury rehabilitation |
| <input type="checkbox"/> Reduce body fat | <input type="checkbox"/> Increase weights |
| <input type="checkbox"/> Others | |

- What are your specific health goals at Amdocs Gym (indicate all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Reduce stress | <input type="checkbox"/> Improve nutritional habits |
| <input type="checkbox"/> Control blood pressure | <input type="checkbox"/> Control cholesterol |
| <input type="checkbox"/> Exercise regularly | <input type="checkbox"/> Achieve balance in life |
| <input type="checkbox"/> Improve productivity | <input type="checkbox"/> Reduce backpain |
| <input type="checkbox"/> Feel better overall | <input type="checkbox"/> Increase my health awareness |
| <input type="checkbox"/> Others (please be specific) | |

Medical Information

Tick if applicable (√ or ×)

Family history of heart problems		Severe Headaches		Surgery in the recent past	
High blood pressure		Fainting spells		Chronic illness	
Stroke history		Seizures or Convulsions		Bone joint problem	
Heart Disease		Dizziness		Male over 44 years	
Irregular heart beat		Numbness or tingling		Female over 54 years	
High Cholesterol level		Depression		Pregnancy	
High Triglyceride level		Chronic Bronchitis		Anemia	
Chest pain while engaging in physical activity		Shortness of breath		Allergies	
Chest pain when you are not doing any physical activity		Lung problems		Diabetes	
		Asthma		Use of diuretics	
		Cigarette smoking habit		Alcoholism/ Substance abuse	

Musculoskeletal Information

Please describe any past or current musculoskeletal conditions you have incurred such as muscle pulls, sprains, fractures, surgery, back pain or general discomfort, etc.

Nutritional Information

Are you on any specific food/nutritional plan at this time? If yes, please list:	Yes/ No
Do you take dietary supplements? If yes, please list:	Yes/ No
Do you exercise any frequent weight fluctuations?	Yes/ No
Any specific reasons behind joining exercise activity?	Yes/ No

Health Treatment Information

Name of Physician:

Contact Phone:

Are you under the care of a physician or other health care professional for any reason: Yes/No

If yes, list reason and medication:

Please list any other problems (Gents/ Ladies):

I have read all the details, understood, completed this questionnaire and comply with the same. Any questions that I had were answered to my full satisfaction.

Name:

Date:

Signature:

Staff Use Only (to be filled by Gym management)

Cleared to exercise:

Not cleared to exercise:

Reason:

Staff signature:

Date:

Resting heart rate:

Blood pressure:

Systolic (mm Hg):

Diastolic (mm Hg):

Staff Name & signature :

Employee signature :

FITNESS ADVISOR SHEET

- Do you start exercise program but then find yourself unable to stick to them?
Yes / No

If yes why _____

- How much are you willing to devote to an exercise program?

_____ minutes/day _____ days/week

- Are you currently involved in regular exercise?
Yes / No

If yes, please specify the type of exercise (s) _____

_____ Minutes/day _____ days/week

- How long have you been exercising regularly?

_____ Months _____ Years

- Do you have any medical problem that restricts you from doing a fitness program
Yes / No

If yes, please specify the type of problem _____

- What type of exercise interests you?

- | | | |
|--|--|-----------------------------------|
| <input type="checkbox"/> Walking | <input type="checkbox"/> Jogging | <input type="checkbox"/> Areobics |
| <input type="checkbox"/> Cycling | <input type="checkbox"/> Dance | <input type="checkbox"/> Exercise |
| <input type="checkbox"/> Stationary biking | <input type="checkbox"/> Rowing | |
| <input type="checkbox"/> Stretching | <input type="checkbox"/> Strength training | |

MEASUREMENT CARD

Employee id:

Name :

Photograph

Date					
Neck					
Shoulder					
Chest					
Upper Abdomen					
Waist					
Lower Abdomen					
Biceps					
Forearms					
Wrist					
Hips					
Thigh					
Calf					
Ankle					
Height					
Weight					