



Wellness Complex Healthier U Challenge Application



Cumberland Medical Center’s Wellness Complex is celebrating its 20th year in Crossville. In our mission to improve the health of our community, we have created a *Healthier U Challenge* for eight individuals who aren’t currently physically active, but are looking to improve their health and endurance. Selected individuals will receive a free CMC Wellness Complex membership plus free training sessions in both individual and group settings with a certified personal trainer. The group will celebrate their success by participating in the Panther Dash 5K on Saturday, November 11th at Stone Memorial High School. Because of limited spots, those who are interested must apply for consideration. Note: Covenant Health and/or CMC employees are not eligible. Applications are being accepted through Wednesday, March 1, 2017 and can be submitted to Charlotte Walker at cawalker@cmchealthcare.org or in person at 130 Woodmere Mall, Crossville. For questions, please call (931) 456-8870.

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE # _____ DATE OF BIRTH: _____ GENDER: MALE FEMALE

<u>PLEASE CHECK IF YOU NOW HAVE OR HAVE EVER HAD ANY OF THE FOLLOWING:</u>			
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Dizziness/Fainting	<input type="checkbox"/> Heart palpitations	<input type="checkbox"/> Orthopedic problems
<input type="checkbox"/> Asthma	<input type="checkbox"/> Frequent headaches	<input type="checkbox"/> Hepatitis A, B, or C	<input type="checkbox"/> Seizures
<input type="checkbox"/> Back pain	<input type="checkbox"/> Heart attack	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Stroke
<input type="checkbox"/> Chest pain/discomfort	<input type="checkbox"/> Heart failure	<input type="checkbox"/> Irregular heartbeats	<input type="checkbox"/> Shortness of breath
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart murmur	<input type="checkbox"/> Lung disease	
<input type="checkbox"/> Other: _____			

Please list any/all allergies: _____

ACTIVITY LEVEL EVALUATION

What is your current activity level? sedentary ____ light ____ moderate ____ heavy ____

Do you engage in the above activity level on a basis of 3 or more times per week? YES ____ NO ____

Do you ever have an uncomfortable shortness of breath during exercise? YES ____ NO ____

Do you ever have chest discomfort during exercise? YES ____ NO ____ If so, does it go away with rest? ____

(Please see second page to complete application.)

