

Riverview Health Rehab & Fitness Questionnaire



Please complete the questionnaire in its entirety. If you answer “yes” to any of the following questions, you may need to complete an additional 15- to 30-minute consult before utilizing gym services. After completing the form, please email a copy to rehabclub@riverview.org or print a copy and bring it with you to your appointment.

General Information:

Name: _____ Email: _____ Phone: _____

1. Have you had COVID-19? **Yes** **No**

2. In the last year, have you had any hospitalizations? **Yes** **No**
 - *If yes, what for?* _____

3. Have you had any therapy in the last year? **Yes** **No**
 - *If yes, what for?* _____

4. Have you had a change in your health status in the last year? **Yes** **No**
 - *If yes, please explain.* _____

5. Do you have any limitations/restrictions in regard to physical activity? **Yes** **No**
 - *If yes, please explain.* _____

6. How comfortable are you returning to class? Please check your answer.

Completely comfortable

May need a refresher

Need a lot of guidance

COVID-19 Fitness Center Protocol Agreement

Please read the below rules and check the corresponding boxes to acknowledge and accept our COVID-19 protocols. Agreement is required to utilize fitness class services at Riverview Health Rehab & Fitness in Noblesville and Carmel.

Classes will have a capacity limit to maintain social distancing.

Class schedules will be posted at the front desk and schedules will be available in the group exercise rooms and pool areas.

To maintain social distancing, you will not be allowed into the locker room more than 10 minutes prior to a pool class, and five minutes prior to a land class.

Participants must exit the locker room within 15 minutes after class has ended.

Participants may sign up for a fitness class up to seven days in advance. A minimum of 24 hour's notice is recommended for reserving a class.

Walk-ins are allowed if the class is not at capacity.

Participants must check in with the front desk at the beginning of each class.

Participants will have their temperature taken upon arrival and will be asked a series of screening questions.

Participants are required to wear a mask. If you are in the pool, please bring a second mask in case yours becomes wet.

Participant Name

Date Signed

IF THE PERSON PARTICIPATING IN THE ACTIVITY IS NOT YET 18 YEARS OLD: AS A PARENT OR LEGAL GUARDIAN OF THE ABOVE-NAMED INDIVIDUAL, I VERIFY THAT I FULLY UNDERSTAND, AND ACCEPT ALL PROVISIONS OF THE RULES AND REGULATIONS, AS AMENDED FROM TIME TO TIME.

Parent/Guardian Name

Date Signed