

Welcome to the Dartmouth Health Lifestyle Improvement Program Fitness Rooms

Access is granted based on primary work location. Attached are the forms you need to complete to access the fitness rooms located at:

- Colburn Hill
- DHMC Main Campus
- Novell
- Heater Road Clinic
- Bedford Farms

1. Download the forms and save to your desktop.
2. Complete pages 2, 3 and 4.
 - a. If you answer "no" to all of the questions on page 3, then you may omit page 5.
 - b. If you answer "yes" to one or more of the questions on page 3, we recommend you share page 5 with your medical provider to receive fitness plan guidance and return to us.
3. Submit your completed form packet (pages 2-4 or 2-5) to LifestyleImprovement@hitchcock.org for processing.

When processing is finalized we will email you with pertinent information regarding use of the fitness room you have access to use. If you have not received your email confirming access within five (5) business days, please contact our office.

If you have questions, feel free to contact us at LifestyleImprovement@hitchcock.org or (603) 650-5950.

Sincerely,

The Lifestyle Improvement Program Team

Policy for Use of the Dartmouth Health Lifestyle Improvement Program Fitness Rooms

After reviewing this policy, please sign below. Additional required forms are attached.

1. Please keep yourself up to date with the most current Covid-19 guidelines and policies by checking the Dartmouth Health internal communications via the employee intranet. The most up to date and current guidelines and policies will be posted in each fitness room.
2. Fitness equipment use is first come, first served. Time is slotted for one 30-minute interval but may be extended if no other member is looking to use the equipment.
3. Wipe down equipment with provided disinfectant wipes before and after use. Gloves are provided and use is recommended.
4. Use hand sanitizer before and after use of the fitness room. Hand sanitizer will be available.
5. Use of the space is fully carry in/carry out. This includes all personal items such as towels, clothing, badge, shoes/sneakers, etc. which are to be kept in a gym bag while in the fitness room.
6. SWIPE YOUR BADGE EVERY TIME you use the Fitness Room – even when you arrive at the same time as someone else. Badging in for anyone other than yourself is prohibited.
7. I have read, understand, and agree to abide by the policies as detailed in this agreement. I understand that failure to comply with the rules may result in the revocation of privileges to utilize the Dartmouth Health Lifestyle Improvement Program fitness rooms.

Request for Access

For access and use of the Dartmouth Health Lifestyle Improvement Program Fitness Rooms.

PLEASE PRINT NEATLY OR TYPE:

Name: _____ Email: _____

Your Employer: Mary Hitchcock Memorial Hospital and Dartmouth-Hitchcock Clinic Dartmouth College
Conifer Other: _____

Department: _____ Work Manager: _____

Work Contact Number: _____ Work Location: _____

Select the Fitness Room you are requesting access to, based on **your primary work location**:

Bedford Colburn Hill DHMC Main Campus Heater Road Novell

ID BADGE# - This is located in the bottom right corner, on the back of your work ID badge.

YOUR REQUEST CANNOT BE PROCESSED WITHOUT THIS ENTIRE NUMBER:

Signature: _____ **Date:** _____

Checking this box will constitute your electronic signature, when submitted electronically.

Physical Activity Readiness Questionnaire (PAR-Q)*

Are you ready to increase your exercise or should you see your doctor first?

For most people physical activity should not pose any problem or hazard. The PAR-Q has been designed to identify adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them before beginning or changing their exercise program.

Please read carefully and answer yes or no to each question. Common sense is your best guide in answering these questions:

- Yes No Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
- Yes No Do you feel pain in your chest when you do physical activity?
- Yes No In the past month, have you had chest pain when you were not doing physical activity?
- Yes No Do you lose your balance because of dizziness or do you ever lose consciousness?
- Yes No Do you have a bone or joint problem that could be made worse by a change in your physical activity?
- Yes No Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
- Yes No Do you know of any other reason why you should not do physical activity?

If you answered NO to all questions:

You can be reasonably sure that you can exercise safely and have a low risk of having any medical complications from exercise. It is still important to start slowly and increase gradually. It may also be helpful to have a guidance from a health & wellness coach or other fitness expert in order to determine where to begin.

If you answered YES to any of these questions:

It is recommended that you consult a physician before substantially increasing your physical activity. You can consult with your health care provider by telephone or in person. We have enclosed a medical release form in this packet for your convenience.

*PAR-Q adapted from the Canadian Society for Exercise Physiology (Societe canadienne de physiologie de l'exercice— Revised 2002)

Please insert your name or initials as requested.

I, _____, acknowledge and agree that I have read and completed the PAR-Q (above).
(Insert full name)

Please check one:

_____ I have completed *the* PAR-Q form and do not need my healthcare provider's consent or guidance before beginning an exercise program. I do voluntarily assume all responsibility and risk for my decision to participate in fitness activities and use of equipment and machinery provided in the onsite fitness rooms.

_____ I have completed *the* PAR-Q form and have received my healthcare provider's approval before beginning exercise. I do voluntarily assume all responsibility and risk for my decision to participate in fitness activities and use of equipment and machinery provided in the onsite fitness rooms.

_____ I have decided to participate without my health care provider's knowledge and do voluntarily assume all responsibility and risk for my decision to participate in fitness activities and use of equipment and machinery provided in the onsite fitness rooms.

Signature

Checking this button will constitute your signature if submitted electronically.

Date

Informed Consent Agreement and Release of Liability

I, _____, acknowledge and agree that I wish to voluntarily (i) participate in the activities and programs of the Dartmouth Health Lifestyle Improvement Program (Program) and (ii) use the Program's onsite facilities and equipment. **Initials:** _____

In consideration of being allowed to participate in the activities and programs of the Office of Employee Wellbeing Lifestyle Improvement Program (Program) and to use its facilities, equipment and machinery, I waive, release and forever discharge the Lifestyle Improvement Program, the Office of Employee Wellbeing, Dartmouth-Hitchcock Health, Mary Hitchcock Memorial Hospital, and the Dartmouth Hitchcock Clinic and their affiliates, related entities, directors, officers, employees, agents, representatives, successors, and assigns (collectively, Dartmouth Health), from any and all responsibilities or liability from injuries or damages that result from my participation. **Initials:** _____

I agree on behalf of myself, and all my personal representatives, heirs, executors, administrators, agents, and assigns, to release and forever discharge Dartmouth Health and affiliates, related entities, directors, officers, employees, agents, representatives, successors, and assigns, from any and all claims or causes of action, known or unknown, arising out of the negligence of the program, whether active or passive. This waiver and release of liability includes, without limitation, injuries or damages which may occur as a result of (a) my participation in any Program class or use of any Program facility, equipment or machinery; (b) negligent instruction or supervision, including, but not limited to Program staff, Dartmouth Health personnel, or class/fitness instructors; (c) negligent hiring or retention of employees of Dartmouth Health; (d) slipping, tripping, falling, or other bodily injury while on any portion of a Program facility including injuries resulting from Dartmouth Health or anyone else's negligent inspection or maintenance of any Program facilities, equipment or machinery; or (e) loss of personal property while participating in any Program or using any Program facility, equipment or machinery. **Initials:** _____

I understand that all employee Policies and Codes of Conduct apply while using the Program's services and onsite fitness room, its equipment, facilities, or the adjacent bathrooms/locker rooms. I also understand that failure to do so may constitute disciplinary action, including, without limitation, my suspension or termination of use of any Program fitness rooms, equipment, or facilities. **Initials:** _____

I agree and declare myself physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent, or harm, my participation or use of equipment or machinery. **Initials:** _____

I acknowledge and agree that I have been informed of the possible need for a health care provider's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I agree to provide evidence of such approval upon the request of the Dartmouth Health Lifestyle Improvement Program. **Initials:** _____

I understand that strength, flexibility, and aerobic exercise, including the use of equipment and machinery, is a potentially hazardous activity and could carry the risk of serious injuries or illness, death, loss or damage to personal property, or financial loss or theft. I understand that fitness activities involve a risk of injury, and even death, and that I am voluntarily participating in these activities and using all Program facilities, equipment, and machinery with knowledge of the inherent dangers involved. I agree to voluntarily assume the full risk of all injury, death, damage, or loss of any kind arising out of my participation in any Program or use of any Program facilities, equipment, or machinery. I further agree that I am responsible for my own personal belongings while attending any Program or using any Program facility. **Initials:** _____

I further agree that in participating in any program or using any program facility, equipment or machinery, I do so at my own risk and assume the risk of any and all injury and/or damage I may suffer, whether while at a Dartmouth Health facility location or not. This includes, but is not limited to, injury or damage I may sustain while and/or resulting from use of Program facility, class, or equipment, including injuries or damages arising out of the negligence of Dartmouth Health, whether active or passive, or any Dartmouth Health affiliates, employees, agents, representatives, successors, and assigns. My assumption of risk includes, but is not limited to, my use of any Program facility, classes, or equipment. I assume the risk of my participation in any activity in connection with the Program. **Initials:** _____

I acknowledge and agree that it has been recommended that I have a yearly, or more frequent, physical examination and/or consultation with my health care provider as to physical activity, exercise, and the use of exercise and training equipment so that I might have his/her recommendations concerning my use of these fitness activities and equipment. **Initials:** _____

I have read, understand and agree to abide by all of the rules as detailed on this agreement. I understand that failure to comply with the rules may result in the revocation of privileges to utilize the Dartmouth Health Lifestyle Improvement program fitness room or programs. **Initials:** _____

I declare myself physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent, or harm, my participation in any exercise program or use of any equipment or machinery. **Initials:** _____

Signature

Checking this button will constitute your signature if submitted electronically.

Date**Save and submit your completed form to LifestyleImprovement@hitchcock.org**

Dear Health Care Provider,

I have recently completed the Physical Activity and Readiness Questionnaire (PAR-Q) as directed by the staff of the Dartmouth Health Office of Employee Wellbeing Lifestyle Improvement Program.

Based on my responses, it has been suggested to have your support, guidance and approval before increasing or changing my activity level and engaging a physical fitness program using aerobic conditioning and strengthening equipment. The Lifestyle Improvement Program may provide coaching, support, and personal training, however, most activity is voluntary, unsupervised exercise at home or at a worksite fitness room.

Thank you for your time in reviewing this matter. If you have any questions or concerns that you would like to discuss regarding this program, please feel free to contact Marion Cate, manager of the Lifestyle Improvement Program at (603) 650-5950 or LifestyleImprovement@hitchcock.org.

Please review my health and functional status and indicate whether I have your consent to participate in a self-monitored activity/fitness program. Please identify any recommendations or restrictions that are appropriate for me in this exercise program (Please feel free to attach a letter detailing recommendations/ restrictions):

Patient Name: _____

No restrictions to exercise – has my approval to begin exercise program.

Able to participate, but prior to participation suggest completing a fitness evaluation for level/types of activity and specific recommendations.

Do not participate in unsupervised activity.

My other recommendations: _____

Provider Signature: _____

Date: _____

Checking this box will constitute your electronic signature, when submitted electronically.

Please return a copy of this form to the Lifestyle Improvement:

Mail:

Dartmouth-Hitchcock Medical Center
Office of Employee Wellbeing
Lifestyle Improvement Program
One Medical Center Drive
Lebanon, NH 03756