

Prenatal Exercise Registration Form

Community Health Outreach

Name: _____ D.O.B. _____

Address: _____

Email Address: _____

Telephone: H: _____ W: _____

Physician/Practitioner: _____

No. of Pregnancies: _____ No. of Live Births: _____

No. of Miscarriages: _____

Last Menstrual Period: _____ Due Date: _____

Have you had any problems during this pregnancy? _____ If yes, please explain:

Do you have any health problems now; or prior to pregnancy did you have any major health problems that prevented you from participating in sports? (i.e. heart disease, heart murmurs, kidney disease, high blood pressure) _____ If yes, please explain:

Are you currently on any medications? _____ If yes, please list: _____

Have you been exercising during your pregnancy? _____ If yes, please explain:

Were you exercising prior to your pregnancy? _____ If yes, please explain:

Do you have any specific exercises that you would like to have addressed while you are participating in this class? Please list: _____

What do you hope to accomplish by participating in this series of prenatal exercise classes?

Exercise improves all physiological responses including circulation, vital to the fetus and muscle tone and muscle strength. Under normal circumstances, the exercises in this program should not cause any danger to you or your infant; they should improve your overall comfort and well-being.

In consideration of being allowed to participate in the exercise program, I do hereby waive, release and forever discharge Porter Medical Center, Inc., Porter Hospital, Inc. and their officers, representatives and employees from any and all responsibility or liability for injuries or damages to me or my fetus resulting from my participation in the Program, including any injury or damage caused by the negligent act or omission of those mentioned or any injury or damage to myself or my fetus arising out of or connected with my participation in the Program.

Date

Signature of Participant

Printed Name

Please mail or FAX form to:

Heidi Sulis, Community Health Outreach
Porter Hospital, Inc.
115 Porter Drive
Middlebury, Vermont 05753
PHONE #388-4739
FAX #388-8858

Program Leader, please keep the completed form on file at Porter Hospital, Inc.

7/03