

The StrongWomen Program
A National Fitness Program for Women

JOIN THE STRONGWOMEN PROGRAM TODAY!

LIFTING WOMEN TO BETTER HEALTH



STRONGWOMEN

Dr. Miriam Nelson, a professor at Tufts University in Boston, Massachusetts, has developed a strength-training program specifically for midlife and older women.

The ***StrongWomen Program*** will help you increase your strength, bone density, balance, and energy, and you will look and feel better!

For further information the *StrongWomen Program* in your community, please contact:

[Name, phone number, & email address]



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Your StrongWomen Classes Will Meet:

Days (circle): Mon Tues Wed Thu Fri Sat Sun **Time:** _____am/pm to _____am/pm

Location: _____

All StrongWomen Program Participants Should Wear:

- Comfortable, loose, breathable clothing
- Closed-toe shoes with rubber soles, preferably athletic shoes or sneakers
- Minimal jewelry – especially on hands and wrists

For Each Class, StrongWomen Program Participants Should Bring (program leader to check boxes next to items that *participant* needs to supply):

- At least one full water bottle
- 1-2 sets of appropriate weight dumbbells
- At least one adjustable ankle weight
- Exercise mat or towel
- Clean pair of shoes



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Participant Summary Information Sheet

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Date of Birth: _____ **Age:** _____

Program Site: _____

Start Date: _____ **End Date:** _____

In case of emergency, please call:

Name: _____

Relationship: _____

Phone Number: _____ **Email address:** _____

Would you like to be contacted by the StrongWomen Program director (Miriam Nelson, PhD), manager (Rebecca Seguin, MS, CSCS), or one of their direct colleagues regarding your participation in this program?

If so, please check the **YES** box below, and this contact sheet will be provided to the StrongWomen Program so that you may be contacted in the future. If not, please check the **NO** box below; your contact sheet will not be provided to the program.

Yes—Please provide my contact sheet to the **StrongWomen Program**.
(Mark box on left if **YES**)

No—Please do NOT provide my contact sheet to the **StrongWomen Program**.
(Mark box on left if **NO**)

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Medical History and Current Health Survey

Name _____

Please read the following list carefully and circle Yes or No as it applies to your medical history and current health. Please include any additional information and conditions for which you are receiving medical care.

Medical History	Yes	No
Aneurysm		
Arthritis (Rheumatoid or Osteoarthritis)		
Asthma		
Back Pain		
High Blood Pressure (Last reading /)		
Low Blood Pressure (Last reading /)		
Bone Fractures		
Cancer (Please provide type and treatment)		
High Cholesterol (Last reading /)		
Diabetes (Type I or Type II)		
Emphysema		
Epilepsy		
Heart Disease		
Family History of Heart Disease (Mother, Father, Siblings)		
Hernia		
Joint or Ligament Injuries (Please specify)		
Muscle Injuries (Please specify)		
Neck Pain or Injury		
Osteoporosis		
Stroke		
Surgery		



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Terminal Illness		
Medical History (continued)		
Vertigo or Lightheadedness		
Other:		
Current Health – Past month		
Back Pain		
Chest Pain or Tightness		
Discomfort from the Waist Up		
Heart Palpitations		
Indigestion		
Jaw Pain		
Joint Pain		
Lightheadedness		
Muscle Pain		
Nausea		
Neck Pain		
New Medication or Dosage Changes		
Shortness of Breath		
Other:		

Signature _____

Date _____



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Participant Consent

I have voluntarily enrolled in a program of progressive exercise. The program is designed to place a gradually increased workload on the heart, lungs, muscles and bones to help improve their function. I understand that participation in such a program may be associated with some risks. These risks may include but are not limited to: muscle soreness, fainting, disorders of heart beat, abnormal blood pressure, and in very rare instances, heart attack. To the best of my knowledge I do not have any limiting physical conditions or disability that would preclude an exercise program. Effort will be made to minimize any risks to me by a pre-exercise assessment and a medical screening. I release everyone who has designed, promoted, or conducted the StrongWomen Program from all claims or liabilities whatsoever resulting from my participation in this program. I assume all risks and responsibility for any injury, damage, or any other adverse event that may result from my participation in this program.

Before I begin this program I understand that a pre-exercise assessment and physician screening consent form may be required. I understand that each person may react differently to these fitness activities and these reactions cannot be predicted with complete accuracy. I will inform the Program Leader and/or my health care provider if I experience any unusual symptoms.

Signature _____

Printed Name _____

Date _____



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Physical Activity Readiness Questionnaire (PAR-Q)

Regular physical activity is fun and healthy and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active. If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69 the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age and you are not used to being very active, check with your doctor. Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly.

Question	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?		
Do you feel pain in your chest when you do physical activity?		
In the past month have you had chest pain when you were not doing physical activity?		
Do you lose your balance because of dizziness or do you ever lose consciousness?		
Do you have a bone or joint problem that could be made worse by a change in your physical activity?		
Is your doctor currently prescribing drugs for your blood pressure or heart condition? (for example: water pills blood thinners)		
Do you have any other reason why you should not do physical activity?		

NOTE:

-If your health changes so that you then answer YES to any of the above questions tell your fitness or health professional. Ask whether you should change your physical activity.

-Informed use of the PAR-Q: The Canadian Society for Exercise Physiology Health Canada and their agents assume no liability for persons who undertake physical activity and if in doubt about completing this questionnaire consult your doctor prior to physical activity.



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If you answered "YES" to one or more questions:

Talk to your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want as long as you start slowly and build up gradually. Or you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.

- Find out which community programs are safe and helpful for you.

If you answered "NO" to all of the questions:

If you answered NO honestly to all PAR-Q questions you can be reasonably sure that you can:

- Start becoming much more physically active. Begin slowly and build up gradually. This is the safest and easiest way to go.

- Take part in a fitness appraisal. This is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

Delay becoming much more active:

- If you are not feeling well because of a temporary illness such as a cold or a fever. Wait until you feel better; or

- If you are or may be pregnant. Talk to you doctor before you start becoming more active.

I have read understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

• Name: _____

• Signature: _____

• Date: _____

• Witness: _____



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Physician Authorization Form

Patient Name: _____

Address: _____

Phone Number: _____ Date of Birth: _____

Date of Last Exam: _____

Height: _____ Weight: _____ Pulse: _____ BP: _____

Other: _____

Medical Conditions: _____

Medications: _____

Special Considerations: _____

_____ Yes, my patient can participate.

_____ No, my patient cannot participate at this time due to his/her medical conditions and health status.

Physician's Signature: _____

Print Name:

Address:

Phone Number: _____ FAX Number: _____

