

The Patent and Trademark Office
Fitness Center
New Member Packet

Quality Staff and Programs Provided by:

**SPORT &
HEALTH**
Clubs

Hours: Monday-Friday

6:00am-8:30pm

Fitness Center Phone: 571-272-0250

U.S. Patent and Trademark Office
Fitness Association of the Patent and Trademark Office
501 Dulany Street; Suite 1B45
Alexandria, Virginia 22314 (22313 for mail)

-For Office Use Only-

Please check to make sure the following items have been received:

- Membership Application with signature and payment option selected
- Medical Health Questionnaire with Signed Informed Consent
- Payroll Deduction form with signature (if applicable)
- Cardiac Risk Profile
- Initiation Fee and necessary dues payable to the FAPTO
- Physician's Referral (if applicable)

-Note-

All paperwork must be entirely completed.

Staff Signature: _____ Date: _____

Sport and Health Medical Health Questionnaire

First Name: _____ Last Name: _____

Date of Birth: _____ Sex: _____ Phone: (H) _____

(W) _____

Par-Q & You

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 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.

Take the physical activity readiness questionnaire

1. 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

2. Do you feel pain in your chest when you do physical activity?

Yes

No

3. In the past month, have you had chest pain when you were not doing physical activity?

Yes

No

4. Do you lose your balance because of dizziness or do you ever lose consciousness?

Yes

No

5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?

Yes

No

6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?

Yes

No

7. Do you know of any other reason why you should not do physical activity?

Yes

No

If you answered yes to one or more questions:

Talk with 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 that 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 to you.

If you answered NO to all questions:

If you answered no HONESTLY to all 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.
- If you are not feeling well because of a temporary illness such as a cold or fever, wait until you feel better.
- If you are or may be pregnant, talk to your doctor before you start becoming more active.

Signed: _____

Date: _____

Cardiac Risk Profile

Name: _____

Date: _____

Listed below are those risk factors generally associated with an increased danger of heart attack. Study each risk factor and its row, finding the box that applies to you. Note your points in the score column at the end of each row. After checking all the risk factors, total your score. Your score is satisfied analysis of your risk.

| | 10 to 20 | 21 to 30 | 31 to 40 | 41 to 50 | 51 to 60 | 61 to 70 and over |
|------------------------|--|---|---|---|---|---|
| Age | 10 to 20 1 | 21 to 30 2 | 31 to 40 3 | 41 to 50 4 | 51 to 60 5 | 61 to 70 and over 6 |
| Heredity | No known history of heart disease 1 | 1 relative with cardiovascular disease over 60 2 | 2 relatives with cardiovascular disease over 60 3 | 1 relative with cardiovascular disease under 60 4 | 2 relatives with cardiovascular disease under 60 5 | 3 relatives with cardiovascular disease under 60 6 |
| Weight | More than 5 lbs below standard weight 0 | -5 to +5 lbs standard weight 1 | 5-20 lbs overweight 2 | 21-35 bls overweight 3 | 36-50 lbs overweight 5 | 51-65 lbs overweight 7 |
| Tobacco Smoking | Non-user 0 | Cigar and/or pipe. 1 | 10 cigarettes or fewer per day 2 | 20 cigarettes a day 4 | 30 cigarettes a day 6 | 40 cigarettes a day or more 10 |
| Exercise | Intensive occupational and recreational exertion 1 | Moderate occupational and recreational exertion 2 | Sedentary work and intensive recreational exertion 3 | Sedentary work and moderate recreational exertion 5 | Sedentary work and light recreational exertion 6 | Complete lack of all exertion 8 |
| Cholesterol | Cholesterol below 100 mg. Diet contains no animal or solid fats 1 | Cholesterol 101-205 mg. Diet contains 10% animal or solid fats 2 | Cholesterol 206-230 mg. Diet contains 20% animal or solid fats 3 | Cholesterol 231-256 mg. Diet contains 30% animal or solid fats 4 | Cholesterol 256-290 mg. Diet contains 40% animal or solid fats 6 | Cholesterol 280-300 mg. Diet contains 50% animal or solid fats 7 |
| Blood Pressure | 100 upper reading 1 | 120 upper reading 2 | 140 upper reading 3 | 160 upper reading 4 | 180 upper reading 6 | 200 or more upper reading 8 |
| Sex | Female under 40 1 | Female 40-50 2 | Female over 50 3 | Male 4 | Stocky male 6 | Bald stocky male 7 |

Member Goals and Objectives

Please Print

Date: _____

Name: _____

Work Phone: _____

1. Have you currently been on an exercise program (within two weeks)? Yes/No

If yes, what? _____

2. Are your interests in: Please check

Weight loss: _____ If so, how much? _____

Weight gain: _____ If so, how much? _____

Smoking Cessation: _____

Aerobic Conditioning: _____

Muscular Strength: _____

3. Which specific parts of the body do you want to strengthen or tone?

4. How many times per week are you willing or likely to exercise? _____

5. Does your blood pressure need to be lowered? _____

6. Does your cholesterol need to be lowered? _____

7. What is the number one goal you want to attain in the next 6 months?

Additional Comments _____

PTO Fitness Center Membership Application

(Please complete this form in entirety)

Last Name: _____ First Name: _____

Social Security #: _____ Birth Date: _____

Age: _____ Sex: Male _____ Female _____

Office Address w/mailstop: _____

Office Phone #: _____

Home Address: _____

Home Phone: _____

Emergency Contact: Name: _____ Phone: _____

Relationship to Member: _____

If you would like to be put on the Fitness Center's e-mail list, please sign your name on the sheet at the front desk. Thanks!

Payment Options

Payroll Deduction

Pay in Full by Check or Money Order

_____ \$35.00 Initiation Fee
Plus
\$10.83 (2 Times Per Month)
through payroll deduction
=\$295.00

_____ \$35.00 Initiation Fee
Plus
\$260 Yearly Dues
=\$295.00

If you choose Payroll Deduction, we will need \$45.83 up front (\$35 initiation fee plus your first \$10.83 payment.) We take check or money order only (payable to FAPTO.) Thanks!

Signature

Printed Member's Name

Date

PATENT AND TRADEMARK OFFICE
FITNESS CENTER

MEMBERSHIP APPLICATION

Section 1: Employee Information

| | |
|----------------------------|------------|
| Name | SSN |
| Work Address (Bldg & Room) | Work Phone |
| Signature | Date |

Section 2: Payment Information (Agency Rep Use)

| | | | |
|----------------------------------|---|---------------------------------|--|
| \$35 initiation fee | Monthly Deduction Amount Fee \$21.66 (\$10.83 2x a month) | Effective Date | |
| Account Number 4310329587 | Type Account Checking | Routing Number 051001414 | |

Section 3: Payroll Use Only

| | | |
|-----------------------|---|---------------|
| Date Received (Stamp) | Date: _____ Processed Payroll Deduction | OHR Signature |
|-----------------------|---|---------------|