

**Urbandale Senior Center \* 7305 Aurora Ave. \* Urbandale, IA 50322**

**(515) 278-3907 \* Fax (515) 331-6854**

<b>Personal Information Form - For office use only</b>			
First Name:	Last Name:	Sex: F <input type="checkbox"/> M <input type="checkbox"/>	
Address:		Apt.#	City:
State:	Zip:	Phone: (    )	
Birthdate:    /    /		Email:	
Emergency Notification Contact:		Relationship:	
Home Phone:		Wk/cell Phone:	
Physician:		Phone:	
Hospital Preference:		Phone:	
Life threatening allergies?			
Employed?    Retired?    What was your occupation?			
Would you like to be on our newsletter mailing list?		Yes	No <input type="checkbox"/>
Would you prefer to receive your newsletter by e-mail?		Yes	No <input type="checkbox"/>
If yes, please ensure you entered your email address above.			
Would you like your name listed in a membership directory?		Yes	No <input type="checkbox"/>
Other programs you would like to see offered: _____			
For emergency use only, please list your current medication(s)*			
Current Medication(s):		Medical Condition(s)	
1	_____	1	_____
2	_____	2	_____
3	_____	3	_____
4	_____	4	_____
5	_____	5	_____
<i>*If more space is needed, please use back of this sheet.</i>			
Are you interested in participating in our fitness activities?		Yes <input type="checkbox"/>	No <input type="checkbox"/> <i>If yes,</i>
please have your physician complete the following information, date and sign below:			
Fitness Medical Clearance - to be completed by Physician			
Exercise limitations or restrictions			
Medical Clearance			
I certify that the above named person is, to the best of my knowledge, free from infectious disease and that he/she is fully aware of any heart or circulatory limitations. In my opinion, the above named is allowed to participate in a moderate level fitness program.			
Date	Signed by _____		
	Physician		
Date	Signed by _____		
	Participant		
This form must be signed and dated by physician <u>and</u> participant.			
For office use only:		Member list:                    / /	

Removed: \_\_\_\_\_ / /