



Supervised Exercise Program

The UHealth Fitness and Wellness Center's Supervised Exercise Program is for individuals who do not currently exercise and would like to engage in a program supervised by clinical exercise specialists. The goal of the program is to improve cardiovascular fitness and provide the tools for participants to continue with a healthy lifestyle.

Name: _____

Date of Birth: _____

Class Preference:

6:30AM

7:30AM

8:30AM

12:30PM

Contact Information:

Phone: _____

Email: _____

Please answer the following:

YES NO

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Is your BMI 27 kg/m ² or greater? If unknown, fill in <i>Height</i> _____ <i>Weight</i> _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Is your waist circumference 40 inches (males) or 35 inches (females) or greater? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Have you been diagnosed with high blood pressure or are you taking medication to control your blood pressure? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Have you been diagnosed with high cholesterol or are you taking medication to control your cholesterol? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you or have you used tobacco products in the past 6 months? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Have you been diagnosed with pre-diabetes or diabetes? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Do you exercise less than 150 minutes per week? |

Please email or fax this form to the UHealth Fitness and Wellness Center:

Email: UHealthFitness@miami.edu **Phone:** (305) 243-7802 or (305) 243-7673 **Fax:** (305) 243-7601