

OPERATION OVERHAUL 2.0

Name: _____

Preferred Method of Contact (Email or Phone Number): _____

MEDICAL DISCLAIMER

Do you currently have an injury or disability that prevents you from exercising or participating in a specific type of physical activity (including work restrictions)?

If Yes, please explain _____

Would you like to be given alternative exercises, such as chair exercises, strengthening or stretching?

- Yes
- No

If you are unable to participate in any form of physical activity due to personal injury, health condition or other, you must provide a Health Care Provider's Excuse, prior to the start of the program.

With a Health Care Provider's Excuse, you will be offered Self-Learning Modules on various Health & Wellness Topics to complete as an alternative during physical activity challenges.

Participation in this program is voluntary and each participant assumes any and all risks involved with participation in the program and associated activities. The program terms and conditions may be changed by CCH or your employer without prior notice.

If you have a heart condition, family history of heart disease, hypertension, diabetes or other medical problem, or if you are overweight, over 35, a smoker or are otherwise concerned about your health, consult your health care provider before beginning this or any exercise program. CCH and your employer or their team members are not responsible for any injury sustained by employees while engaging in associated activities.

Signature of Participant/Employee: _____

Date: _____

 **COLUMBUS**

COMMUNITY HOSPITAL

Well into the future