

# CHAMP

*a total health program*

## **Maximize Your Well Life!**

Did you know that 1 in 3 adults in the U.S. does not exercise at all? Even moderate exercise a few days a week is beneficial. It helps to lower stress, cholesterol, weight, and improves circulation, metabolism, strength and even recharges you with more energy. That is just the beginning...Exercise is essential to your well being.



## **Welcome to CHAMP**

### **Locations:**

General Office Lower Level 1 (Newark)  
TB2 (Nuclear)

### **Hours of Operation:**

Open 24 hours a day, 7 days a week

#### General Office Staffed Hours

Mon-Thurs 7:00 AM – 6:00PM

Friday 7:00 AM – 5:00PM

#### NBU Staffed Hours

Mon-Fri 5:00am – 5:00pm

### **Features:**

- ◆ Degreed health & fitness professionals
- ◆ State-of-the-Art Cardiovascular and Strength Equipment
- ◆ Group Exercise Studio
- ◆ Cable televisions and Broadcast Vision

### **Services:**

- ◆ Individualized Exercise Programs
- ◆ Equipment Orientation
- ◆ Fitness Assessments
- ◆ Laundry & Towel Service
- ◆ Personal Lockers
- ◆ Locker Room Amenities
- ◆ Personal Training (additional fee)
- ◆ Massage (additional fee – Newark Only)

### **Equipment:**

- ◆ Treadmills
- ◆ Upright Bikes
- ◆ Recumbent Bikes
- ◆ Rowing Machines
- ◆ Stair Climbers
- ◆ Steppers
- ◆ Elliptical Trainers
- ◆ Circuit training area
- ◆ Free Weights
- ◆ Cable Cross-overs
- ◆ And MORE!

### **Membership & Dues:**

- ◆ Available to Regular Employees
- ◆ Membership Dues Payroll Deducted
- ◆ Employees: \$26.75\*/Month
- ◆ Band-E (*Executives*): \$53.50\*/Month  
*(\*Includes 7% NJ Sales Tax)*

### **Group Exercise:**

- ◆ Schedule offered Monday – Friday
- ◆ Schedule changes quarterly
- ◆ Current Schedules available on Your Benefits Desktop.  
[www.pseg.com/benefits](http://www.pseg.com/benefits)

### **How to get started:**

- ◆ **STEP 1:** Complete the Enrollment Form and Health Information Questionnaire.
- ◆ **STEP 2:** FIT CHECK EXPRESS: Blood Pressure, Heart Rate, and Overview of Member Policies & Procedures.
- ◆ **STEP 3:** Staff will ORIENT you to the facility and help you utilize selected equipment effectively.



**Fitness Center Enrollment Form**

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_ Sex:  Male  Female

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State/zip: \_\_\_\_\_

Work Department: \_\_\_\_\_ Location: \_\_\_\_\_ Mail code: \_\_\_\_\_

Employee ID #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician Phone #: \_\_\_\_\_

Physician Fax #: \_\_\_\_\_ Referred by: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone (H/W/C) #: \_\_\_\_\_

I acknowledge that I have received and carefully reviewed the following documents: Fitness Center Enrollment Form, Health Information Questionnaire, and Physician's Clearance Form. I have completed the Health Information Questionnaire honestly, and answered the questions therein correctly, fully realizing and understanding that my correct answers are important to avoiding any harm to myself if the questions are not truthfully answered.

**Pursuant to this Questionnaire (Check Appropriate Response):**

I am required to obtain a physician's consent prior to engaging in physical activities.

Physician's consent is not required

In the event my health and/or medical condition changes, I agree to inform a member of the MediFit\* Professional Staff of any changes and may be required to provide a Physician's Clearance Form or an updated Physician's Clearance Form.

**I understand that any medical/health information discussed with or provided to MediFit\* Fitness Center personnel will be kept strictly confidential and will not be shared with PSEG personnel.**

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**\* MediFit Corporate Services is a national, award-winning consulting and management firm that specializes in the design and delivery of worksite health promotion and fitness center management services.**

## Health Information Questionnaire\*

Regular exercise is healthy and fun! For most people, physical activity should not pose any problems; however, some individuals should see their doctor prior to joining the fitness center. **Please review this form and answer all questions honestly.** Based on your responses to the questions below, you may need to obtain a physician's consent prior to joining the Fitness Center. In the event you are required to obtain a physician's consent, you must present a completed Physician's Clearance (form attached) to the Fitness Center prior to engaging in any physical activities. **I understand that any medical/health information discussed with or provided to MediFit Fitness Center personnel will be kept strictly confidential and will not be shared with PSEG personnel.**

**Assess your health needs by marking all true statements.**

### History

You have had:

- heart attack
- heart surgery
- cardiac catheterization
- pacemaker/implantable defibrillator/rhythm disturbance
- heart valve disease
- heart failure
- heart transplantation
- congenital heart disease

### Symptoms

You have had:

- You experience chest discomfort with exertion.
- You experience unreasonable breathlessness.
- You experience dizziness, fainting, blackouts.
- You take heart medications.

### Other Health Issues

- You have musculoskeletal problems.
- You have concerns about the safety of exercise.
- You take prescription medications.
- You are pregnant.

### Cardiovascular Risk Factors

- You are a man older than 45 years.
- You are a woman older than 55 years or you have had a hysterectomy or you are post menopausal.
- You smoke.
- Your blood pressure is greater than 140/90.
- You don't know your blood pressure.
- Your blood cholesterol is greater than 240 mg/dl.
- You do not know your cholesterol level.
- You have a close blood relative who had a heart attack before age 55 (brother or father) or age 65 (sister or mother).
- You are diabetic or take medicine to control your blood sugar.
- You are physically inactive (i.e., you get less than) 30 minutes of exercise on at least 3 days per week.
- You are more than 20 lbs overweight.

If you  
marked  
two or  
more of the  
above...

If you marked one or  
more of the above...

You must obtain your physician's  
consent prior to joining the  
Fitness Center.

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consent prior to joining the Fitness  
Center.

**These conditions *may require* medical consultation and you are advised to see a physician prior to beginning an exercise program.**

- Major surgery or hospitalization within the past 6 months: \_\_\_\_\_
- Other medical condition or physical limitation that may affect participation in an exercise program.

\* Adapted from: **AHA/ACSM Health/Fitness Facility Preparticipation Screening Questionnaire** in: **ACSM's Health/Fitness Facility Standards and Guidelines 3<sup>rd</sup> Edition. 2006. Human Kinetics. Champaign, IL.**