



harvard rec center cometogether

Harward Recreation Center Power Plate Contraindication Form

Last Name _____ First Name _____ DOB _____

Please check all that apply:

Do you have now or have had in the last 3 months:

- | | |
|--|--|
| <input type="checkbox"/> Pacemaker | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Detached Retina |
| <input type="checkbox"/> Vertigo | <input type="checkbox"/> Acute Hernia |
| <input type="checkbox"/> Infections | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Migraines | <input type="checkbox"/> Tumor |
| <input type="checkbox"/> Organ Failure | <input type="checkbox"/> Metal pins, plates, coils, IUD |
| <input type="checkbox"/> Acute Disease/inflammation | <input type="checkbox"/> Wounds from an accident or surgery |
| <input type="checkbox"/> Hip/Knee implants | <input type="checkbox"/> Discopathy or Spondylolysis |
| <input type="checkbox"/> Acute Thrombosis (blood clot) | <input type="checkbox"/> Cardiovascular Disease (heart failure, arrhythmia, valve problems, heart attach, stroke, etc) |

Staff use:

PP Contraindication Form Reviewed by _____ Date _____