



**Wellness Program Medical Screening Questionnaire  
Appendix B**

## Medical Screening Questionnaire

**This form is required for enrollment in the Reclamation Wellness/Fitness Program.**

Employee's Name: \_\_\_\_\_

I certify that I do not have any medical conditions or potential health risks and am medically able to participate in the requested wellness/fitness activities:

I certify that if I do have a medical condition or potential health risks that may prevent me from safely performing the requested wellness/fitness activities, I have obtained consultation with my physician to participate.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date