

State of Maine Employee Wellness Center Program

Wellness Center Member Application

Please note: You must fill this out completely or it will be returned to you.

Check your present status

Employee Employee spouse/Domestic partner Retiree Retiree spouse/Domestic partner

Check the name of the center you want to go to

Bangor Wellness Center Eastside Wellness Center

How did you hear about us?

Co-Worker Current Member New Employee Orientation E-Mail

Other (please specify): _____

Name (please print)

Home Phone

Work Phone

Home Address

City

State

Zip

Age

Birthdate

Department

Department Location

Department Street Address and City

Email

Emergency Contact Name

Emergency Contact Phone

Doctor

Phone

Fax

HEALTH QUESTIONS (Please check the applicable box)

Yes No Do you lose your balance or faint because you feel dizzy?

Yes No Has your doctor ever said you have a heart problem and should only do certain types of exercise?

Yes No Do you feel pain in your chest when you do something active?

Yes No Are you being treated for high blood pressure? If yes, let us know what method of treatment/medications you use: _____

Yes No Do you have diabetes?

Yes No Do you have asthma or any other breathing or lung problems?

Yes No Do you have a bone or joint problem that could be made worse by being more active?

Yes No Do you receive physical and/or occupational therapy?
If yes, where: _____

Turn over please

Yes No Are you pregnant?

Yes No If no, have you given birth in the last six months?

I have read and pledge to follow the Wellness Center Code of Conduct.

I certify the above information is true. I agree to tell MaineGeneral staff about any changes to this information and/or my health.

Signed Name _____ Date _____

OFFICE USE ONLY:

Member ID # _____

Comments: _____

**The State of Maine Employee Wellness Center
Program is brought to you by the Maine
Division of Employee Health & Benefits and
Workers' Compensation**

