DO YOU CURRENTLY HAVE OR HAVE A HISTORY OF ANY OF THE FOLLOWING CONDITIONS? *(check all that apply for your modality of choice)*

CRYOTHERAPY	GAME READY	HYPERBARIC CHAMBER
O Currently Pregnant O Stage 2 Hypertension (BP>160/100) O Myocardial Infarction O Angina Pectoris O Arrhythmia O Symptomatic Cardiovascular Disease O Cardiac Pacemaker O Peripheral Arterial Occlusive Disease O Venous Thrombosis O Acute or Recent Cerebrovascular Accident O Uncontrolled Seizures O Raynaud's Syndrome O Tumor Disease O Fever or Chills O Symptomatic Lung Disorders O Bleeding Disorders O Severe Anemia O Current Infection O Claustrophobia O Cold Allergy O Acute Kidney Disease O Urinary Tract Disease	O Acute Stages of Inflammatory Phlebitis in Affected Region O History of Risk Factors for Deep Vein Thrombosis or Pulmonary Rmbolus (including Bed Rest) in Affected Region O Significant Arteriosclerosis or other Vascular Ischemic Disease in Affected Region O Increased Venous or Lymphatic Return not desired in Affected Region (e.g. Carcinoma) O Decompensated Hypertonia in Affected Region O Significant Vascular Impairment in Affected Region (e.g. from prior Frostbite, Diabetes, Arteriosclerosis, or Ischemia O Acute Paroxysmal Cold Hemoglobinuria or Cryoglobulinemia	O Untreated Pneumothorax O Certain Medications Including: Disulfiram, Cisplatin, Mafenide, Bleomycin, and Doxorubicin O Chronic Obstructive Pulmonary Disease O Asthma O Current Pregnancy O High Fever O Epilepsy O Inability to Equalize Ears/Sinuses O History of Eye/Thoracic Surgeries O Spontaneous Pneumothorax p History of Upper Respiratory Infections O History of Severe Sinus Infections O Asymptomatic Pulmonary Lesions O History of Optic Neuritis or Sudden Blindness O Diabetes Mellitus Dependent on Insulin Therapy O Acute Hyoglycemia O Excessive Nicotine/Caffeine Use O Congenital Spherocytosis O Perilymph Fistulas O Epidural Pain Pumps (Should be Pressure Tested) O Implanted Devices (Should be Pressure Tested)
BEMER	**NEAR INFRARED SAUNA**	**HOCATT**
O Organ or Cell Transplants (e.g. Bone Marrow Transplant) That Requires Prescriptions That Suppress Immune System	O Diseases Associated with Reduced Ability to Sweat or Perspire O Multiple Sclerosis O Central Nervous System Tumors O Diabetes with Neuropathy	O Currently Pregnant O Bleeding Tendencies (Hemophiliacs) O Active Bleeding (from and injury) O Currently Menstruating O Elevated Blood Alcohol or Drug Levels O Excessive Caffeine Intake O Fever O Heat Insensitivity O Low blood sugar levels O Recently eaten a heavy meal O Little or no sleep the night before O Known heart conditions (heart failure, blockages, recent heart attack) O Uncontrolled and/or malignant high blood pressure O Hypotension O Taking blood pressure medication