



## Health History

*In order to develop a personalized exercise program we need accurate health information.  
Please fill out this form as completely as possible. If you have any questions, ask your fitness trainer for assistance.*

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First MI

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Gender  M  F

Phone: Home \_\_\_\_\_ Work/Cell \_\_\_\_\_ E-mail \_\_\_\_\_

Person to contact in case of an emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

### MEDICAL HISTORY

Has a doctor ever diagnosed you with any of the following medical conditions or others that may require some restrictions on physical activity?

- Coronary heart disease     Hypertension     Stroke     High Cholesterol     Diabetes     Cancer
- Epilepsy     Lung disease     Broken bones     Arthritis     Hernia     Allergies/ Asthma     Concussion or serious head injury
- Severe sprains or strains of ( neck, shoulder, elbow, wrist, hip, knee, ankle)     Back injury
- Joint Replacement \_\_\_\_\_     Major illness/injury or surgery within the last six months?

Please Explain \_\_\_\_\_

### CURRENT ISSUES

Please indicate if you now have any of the following:

- Frequent headaches     Dizziness     Chronic or smokers cough     Wheezing or asthma     Hypertension
- Shortness of breath on exertion / activity     Heart trouble / heart murmur     Tightness, pain, pressure around chest
- Fast, racing, or irregular pulse     Palpitations, skipped beats, pounding in chest     Fainting spells or unconsciousness     Treatment for epilepsy
- Numbness or tingling of hand, feet, arms, or legs     Difficulty in walking / keeping balance

Are you taking any medications including Beta Blockers?  Yes  No If yes, please list: \_\_\_\_\_

### PERSONAL HABITS

Do you currently smoke cigarettes:  Y or  N      In regard to your stress level, are you:  
 Frequently stressed       Moderately stressed       Infrequently or never stressed

### PLEASE NOTE:

The American College of Sports Medicine advises that anyone under the age of 35, with no known coronary-heart risk factors or previous history of cardiovascular disease, may begin an exercise program without a special medical check-up. Anyone over the age of 35 may wish to have a check-up prior to the beginning of an exercise program.

## Exercise Readiness Questionnaire

For most people, physical activity should not pose any problem or hazard. The following questions have been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable. Please read the questions carefully and answer each one honestly: check YES or NO.

	Yes	No	
1.	<input type="checkbox"/>	<input type="checkbox"/>	Has your doctor ever said you have heart trouble ?
2.	<input type="checkbox"/>	<input type="checkbox"/>	Do you frequently suffer from pains in your chest ?
3.	<input type="checkbox"/>	<input type="checkbox"/>	Do you often feel faint or have spells of severe dizziness ?
4.	<input type="checkbox"/>	<input type="checkbox"/>	Has a doctor ever said your blood pressure was too high ?
5.	<input type="checkbox"/>	<input type="checkbox"/>	Has a doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise, or might be made worse with exercise ?
6.	<input type="checkbox"/>	<input type="checkbox"/>	Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to ?
7.	<input type="checkbox"/>	<input type="checkbox"/>	Are you over the age of 65 and not accustomed to vigorous exercise ?

**If you answered YES to one or more questions:**

- ✓ Talk with your doctor BEFORE becoming more physically active or BEFORE taking a Fitness Assessment. Ask for a copy of this form and discuss the questions above with your doctor.
- ✓ You may be able to do any activity you want – as long as you start slowly and build up gradually. Or you may need to restrict your activities based on your doctor's advice. Talk with your doctor about the activities that wish to participate in and follow his/her advice.

**If you answered NO honestly to all the questions:**

- ✓ Become more physically active – begin slowly and build up gradually.
- ✓ Take part in a Fitness Assessment. This is the safest and easiest way to determine your basic level of fitness and to determine which exercise activities will be most beneficial for you.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Trainer Signature