Health and Medical History

Name _____ Date _____

Date of birth_____

Street address _____

City/State/Zip _____

Phone (home) _____ (work) _____

Email address _____ (cell phone number) _____

Emergency contact:

Name / Relationship _____ Phone _____

Physical activity should not pose any problem or hazard to the majority of people. The following questions are designed to identify the small number of adults for whom physical activity might be inappropriate or those who should seek medical advice prior to initiating a fitness program or other change in their physical activity levels.

Yes	No	
___	___	1. Are you over age 55 and/or not accustomed to vigorous exercise?
___	___	2. Have you ever been diagnosed with Type I or Type II Diabetes?
___	___	3. Do you have any reason to suspect that you might now pregnant, or have you been pregnant within the last 3 months?
___	___	4. Have you had any major or minor surgery in the past 3 months?
___	___	5. Have you been hospitalized in the last 2 years? If so, when and for what reason?

_____

___ ___ 6. Are you currently, or have you in the past, ever seen a chiropractor or physical therapist for any condition? If yes, when and for what condition?

_____

___ ___ 7. Do you ever experience unexpected shortness of breath, or labored breathing, with or without pain? If yes, describe under what conditions.

_____

___ ___ 8. Do you currently, or have you ever, experienced unexplained heart palpitations or been diagnosed with a heart murmur or irregular heartbeat?

Yes No

___ ___ 9. Have you ever been diagnosed with high blood pressure? If yes, when?_____

___ ___ 10. Do you know what your blood pressure normally is? If yes, please state ___/__

___ ___ 11. Do you currently smoke? If yes, how many cigarettes per day?_____

___ ___ 12. Did you ever smoke? If yes, how long ago did you quit?

___ ___ 13. Is there any history of heart disease (prior to age 55) in your immediate family? If yes, explain.

_____

___ ___ 14. Do you know your cholesterol levels? If so, please state: _____

___ ___ 15. Do you receive regular annual physical exams from your primary care physician? Date of last exam:

_____

___ ___ 16. Do you have any pain, discomfort, or known current or previous injury to any of the following areas:

___ ___ Right or left knee (circle as appropriate)

___ ___ Right or left shoulder (circle as appropriate)

___ ___ Right or left elbow (circle as appropriate)

___ ___ Right or left elbow (circle as appropriate)

___ ___ Right or left wrist (circle as appropriate)

___ ___ Right or left ankle (circle as appropriate)

___ ___ Right or left hip (circle as appropriate)

___ ___ Back or neck (circle as appropriate)

If you checked "Yes" to any of the above, please explain the nature of your pain and/or injury. Do certain activities or conditions aggravate the pain and/or injury?

_____

_____

_____

_____

_____

Are there any other health/medical/injury conditions that your trainer should be aware of?

_____

Please list any prescription medications or over-the-counter medications or supplements you currently take:

_____

I, _____, certify that I understand the foregoing questions and my answers are true and complete. I also understand that if this information changes in any way in the future, it is my responsibility to notify my personal trainer, and that I assume the risk for any changes in my medical condition that might affect my ability to exercise.

Before beginning a new fitness program or other significant change in your physical activity levels, you are advised to consult with your physician or primary health care provider. Only a physician or qualified health care provider is able to diagnose and prescribe treatment for specific health conditions.

I acknowledge that I have read the foregoing statements and fully understand the content thereof, and that if I choose not to consult with my physician or primary health care provider, I do so at my own risk.

_____

Signature Date

_____

Please print name

_____

Parent or legal guardian (if participant is under age eighteen) Date