Medical History for Exercise Participation

Participant Information

Please complete the following questions as accurately as you can. Update as necessary.

This information is kept confidential and available to the program and emergency personnel only in the event an emergency.

Participant's Name: _____

DOB: _____ Gender: _____

Phone Number: (_____) _____ - _____ Email: _____

Emergency Contact: _____ (_____) _____ - _____
Name Phone

1. Are you currently taking any medication?
    a. If yes, indicate what medication(s):

2. Do you smoke cigarettes or use tobacco products?
    a. If yes, indicate how long and how much?

3. Are you taking any supplements (vitamins, amino acids, herbs etc)?
    a. If yes, indicate what you are taking.

4. Have you ever suffered from any of the following?

_____Heart attack	_____Coronary artery disease	_____Stroke
_____Congestive heart failure	_____Arthritis	_____Cancer
_____Allergies (if yes, include specifics):		

5. Have you ever been diagnosed for any of the following? (Check if yes)

_____Diabetes Mellitus	_____Kidney problems	_____Pregnancy
_____Abnormal heart rate; murmur	_____Hypertension	_____Obesity
_____Chronic Infectious Diseases	_____Asthma	_____Anemia
_____Lower Back Pain	_____Joint problems	_____Dizziness
_____Abnormal metabolism	_____High Blood Cholesterol	_____Fainting
_____Muscle/skeletal problems	_____Other (Please explain):	

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6. Is there a family history (parents, siblings) of the following before age 55?

_____ Heart disease _____Diabetes _____ Obesity

7. Do you experience any of the following when you exercise?

_____ Pain or discomfort in the chest region _____Shortness of breath

_____Dizziness or fainting _____Skipped heart beats _____Leg pains

8. Is there any reason that you should not exercise?

9. Describe your current exercise program.

10. Do you have any muscle or skeletal problems or injuries? If yes, please describe.

11. Have you had any lower back pain which lasted more than one week?

12. Are you/could you be currently pregnant?

Participant Authorization

I understand the provided information and guarantee this form was completed correctly to the best of my knowledge. I understand that it is my responsibility to inform the instructor of any changes to the information I have provided. This information is kept confidential and available to the program and emergency personnel only in the event an emergency. However, the information obtained could be used for statistical or research purposes, though no association with my identity will be revealed.

_____

Participant Signature (or parent/guardian of minor participant) *Date*