

MEDICAL QUESTIONNAIRE

NAME _____ AGE _____ PHONE _____

ADDRESS _____ ZIP _____ Social Security # ***-**-****

In case of emergency, notify: _____ Home Phone# _____
Work Phone# _____

Family Physician _____

Insurance? Y N Blood Type _____

IN ADDITION TO THIS QUESTIONNAIRE, A PHYSICAL EXAMINATION PERFORMED BY A PHYSICIAN IS REQUIRED.

Has a doctor ever said you have heart trouble? Y N

Have you ever had sharp pain or heavy pressure in your chest as a result of exercise, walking, or physical activity such as climbing stairs? Y N

Have you ever had rapid heartbeats or palpitations? Y N

Have you ever had a real or suspected heart attack? Y N

Have you ever felt faint or had spells of severe dizziness? Y N

Have you ever had problems with breathing? Y N

Has a doctor ever said you have asthma? Y N

Do you take or have you ever taken medication for breathing problems including asthma? Y N

What allergies do you have?

Do you have diabetes? Y N Do you have high blood pressure? Y N

Have you ever taken medicine to lower blood pressure? Y N

Have you ever taken medication to lower cholesterol? Y N

Have you ever taken nitroglycerine or other tablet for chest pain? Y N

Have you ever had an electrocardiogram (EKG) that was not normal? Y N

Are you overweight? Y N Are you under a lot of stress? Y N

Do you smoke? Y N

Do you have any physical condition, impairment or disability (including muscle and joint problems) that should be considered before starting an exercise program? Y N

When was your last physical exam? _____

OVER

Has any blood relative (parent, brother, sister) had a heart attack or coronary disease prior to the age of 30? Y N

Do you ever feel tingling, numbness or loss of feeling in arms, hands, feet? Y N

Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to?

Y N

What is the most strenuous activity you regularly do?

How often do you participate in this activity?

I understand that the above information will be kept confidential and that it is to be used solely for the purpose of planning a fitness program for me. I certify that the answers are true and complete. If on the basis of one or more of the above answers an instructor anticipates a potential medical problem arising from class activities, he or she may require a physician's "permission to participate."

Signature _____ Date _____

Witnessed _____ Date _____

Revised 04/15