

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_/

Sex: **M** **F** Age: \_\_\_\_\_ Height: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's Phone #: \_\_\_\_\_

Person to contact in case of emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

Are you taking any medications or drugs? **Y** **N**

If yes, what?

Does your physician know you are participating in this exercise program?

**Y** **N**

Describe your exercise program now:

Do you now, or have you had in the past:

- |  |          |          |
|--|----------|----------|
| 1. History of heart problems, chest pain, or stroke  | <b>Y</b> | <b>N</b> |
| 2. Increased blood pressure  | <b>Y</b> | <b>N</b> |
| 3. Any chronic disease or condition  | <b>Y</b> | <b>N</b> |
| 4. Difficulty with physical exercise   | <b>Y</b> | <b>N</b> |
| 5. Advice from a physician not to exercise   | <b>Y</b> | <b>N</b> |
| 6. Recent surgery(within past 12 months)   | <b>Y</b> | <b>N</b> |
| 7. Pregnancy(now or within last three months)  | <b>Y</b> | <b>N</b> |
| 8. History of breathing or lung problems   | <b>Y</b> | <b>N</b> |
| 9. Muscle, joint(e.g. arthritis) or back disorder, or any previous injury still affecting you        | <b>Y</b> | <b>N</b> |
| 10. Diabetes or thyroid condition  | <b>Y</b> | <b>N</b> |
| 11. Cigarette smoking habit  | <b>Y</b> | <b>N</b> |
| 12. Obesity(more than 20 pounds over ideal body weight)  | <b>Y</b> | <b>N</b> |
| 13. Spells of dizziness or fainting, feelings of lightheadedness                                     | <b>Y</b> | <b>N</b> |
| 14. History of heart problems in immediate family  | <b>Y</b> | <b>N</b> |
| 15. Hernia or any condition that might be aggravated by lifting weights                              | <b>Y</b> | <b>N</b> |
| 16. Increased blood cholesterol  | <b>Y</b> | <b>N</b> |
| 17. Can you think of any reason not mentioned here why you should avoid a physical activity program? | <b>Y</b> | <b>N</b> |

Please explain any yes answers on back.

