

HEALTH HISTORY FORM

Name: _____

Date: _____

Address: _____

Phone: (____) _____

HEALTH REPORT

Emergency Contact: _____ Phone: (____) _____

Doctor's Name: _____

1) Are you **currently** taking any medication? ___ Yes ___ No

Type: _____ Reason: _____

Type: _____ Reason: _____

Type: _____ Reason: _____

2) Do you have or have you ever had any of the following conditions?

CONDITION

DESCRIPTION

Heart Attack	___ Yes	___ No	_____
Stroke	___ Yes	___ No	_____
Chest Pain	___ Yes	___ No	_____
Hypertension	___ Yes	___ No	_____
Diabetes	___ Yes	___ No	_____
Cancer	___ Yes	___ No	_____
High Cholesterol	___ Yes	___ No	_____
Hernia	___ Yes	___ No	_____
Arthritis	___ Yes	___ No	_____
Thyroid	___ Yes	___ No	_____
Anemia	___ Yes	___ No	_____
Other	___ Yes	___ No	_____

3) Have you ever been injured in any of the following areas?

Neck	___ Yes	___ No	_____	_____
Shoulders	___ Yes	___ No	_____	_____
Arms	___ Yes	___ No	_____	_____
Abdomen	___ Yes	___ No	_____	_____
Back	___ Yes	___ No	_____	_____
Legs	___ Yes	___ No	_____	_____

4) Are you currently under the care of a physician for any reason at all? ___ Yes ___ No

If Yes, explain _____

5) Do you smoke cigarettes? ___ Yes ___ No. If yes, how much! _____

6) Do you know of any physical condition that you have that could be aggravated by exercising or exerting yourself? ___ Yes ___ No If Yes, explain _____

7) Are you taking any medication which could cause a reaction while exercising? ___ Yes ___ No

If yes, explain _____

8) Does your doctor know that you are beginning a new exercise program? ___ Yes ___ No

9) If your doctor knows that you are going to begin a new exercise program, does he/she object? ___ Yes ___ No

If Yes, why? _____

RELEASE

I know of no physical or medical condition which I, or my Doctor, feel could be aggravated by my using the equipment and facilities or, participating in activities sponsored by this club. I agree to advise club management in writing if any of the above information changes or if my Doctor advises me to stop, reduce, or otherwise adjust my exercise regimen at the club. I will advise club management immediately if I injure myself in any way while on Club property. The information I have given on this form is, to the best of my knowledge, complete and accurate.

Signature. _____

Date _____