Health History Questionnaire

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The following health history questionnaire is intended to obtain relevant information about your health that will help us begin your fitness assessment process. Please answer each of the below questions to the best of your knowledge. Should you have any questions, please feel free to ask. Your responses will be strictly confidential. This form must be review by the trainer before you may begin you exercise program. Thank you.

Member Information

Name_____DOB_____Weight_____Height_____

Street_____

City_____State_____Zip_____

Phone: Home_____Work_____Cell_____

Best Time to Reach: Mornings_____Afternoons_____Evenings_____Any_____

E-mail_____

(Optional)

Occupation_____Weekly Work Hours_____

Best Time to Train_____Best Days_____

1. According to the below Height/ Weight Chart, is your current body weight:

☐ **Underweight** (more than 5 lbs. below the lowest specified weight within the chart column)
☐ **Normal Weight** (+ or - 5 lbs. of the lowest or highest specified weights within the chart column)
☐ **Overweight** (More than 5lbs. above the highest specified weight within the chart column)
☐ **Above Overweight** (20 or more lbs. above the highest specified weight within the chart column)

Height & Weight Table for Women				**Height & Weight Table for Men**			
Height in feet/inches	Small frame	Height in feet/inches	Small frame	Height in feet/inches	Small frame	Height in feet/inches	Small frame
4'10"	102-111	4'10"	102-111	4'10"	102-111	4'10"	102-111
4'11"	103-113	4'11"	103-113	4'11"	103-113	4'11"	103-113
5'0"	104-115	5'0"	104-115	5'0"	104-115	5'0"	104-115
5'1"	106-118	5'1"	106-118	5'1"	106-118	5'1"	106-118
5'2"	108-121	5'2"	108-121	5'2"	108-121	5'2"	108-121
5'3"	111-124	5'3"	111-124	5'3"	111-124	5'3"	111-124
5'4"	114-127	5'4"	114-127	5'4"	114-127	5'4"	114-127
5'5"	117-130	5'5"	117-130	5'5"	117-130	5'5"	117-130
5'6"	120-133	5'6"	120-133	5'6"	120-133	5'6"	120-133
5'7"	123-136	5'7"	123-136	5'7"	123-136	5'7"	123-136
5'8"	126-139	5'8"	126-139	5'8"	126-139	5'8"	126-139
5'9"	129-142	5'9"	129-142	5'9"	129-142	5'9"	129-142
5'10"	132-145	5'10"	132-145	5'10"	132-145	5'10"	132-145
5'11"	135-148	5'11"	135-148	5'11"	135-148	5'11"	135-148
6'0"	138-151	6'0"	138-151	6'0"	138-151	6'0"	138-151

Are you currently pregnant? ☐ Yes ☐ No

Health Report

Emergency Contact:_____Relationship:_____Phone:_____

Physicians Name:_____Date of Last Physical:_____Phone:_____

2. Are you currently taking any medication or health supplements? ☐ **Yes** ☐ **No**

Explain / list:_____

_____

_____

_____

3. Are you taking medication, which could cause a reaction while exercising? ☐ **Yes** ☐ **No**

4. Are you currently under the care of a physician for any reason at all? ☐ **Yes** ☐ **No**

If yes, for what reason?_____

5. Does your physician know that you are beginning a new exercise program? ☐ **Yes** ☐ **No**

If no, why not?_____

6. Has your physician completed and signed a "Physician Referral" form? ☐ **Yes** ☐ **No**

If yes, please attach a copy of "Medical Referral Form"

7. Please check any conditions/s you either had or currently have:

□ Anemia	□ Diabetes	□ Hernia
□ Arthritis	□ Heart Attack	□ High Cholesterol
□ Asthma / Respiratory Conditions	□ Heart Murmur	□ High Blood Pressure
□ Cancer: Type	□ Heart Surgery	□ Stroke
□ Chest Pains	□ HIV Positive	□ Vascular Disease
When Did you have this condition?		□ Others
Describe injury		

8. Have you ever been injured? ☐ **Yes** ☐ **No (If yes, list body part/s with injuries and describe)**

Part of Body Injured	□ Abdominals	□ Eye	□ Leg
	□ Arm	□ Foot / Toes / Ankles	□ Mouth / teeth
	□ Back	□ Hand / Fingers	□ Neck
	□ Chest	□ Head / Skull	□ Nose
	□ Ear	□ Knee	□ Others
When Did you have this injury?			
Describe injury			

9. Do you smoke? ☐ **Yes** ☐ **No (if yes, how much) _____pack/s per day**

10. Describe your current physical activity based on the below chart:

☐ Inactive	< than 30 minutes of physical activity on a maximum of three days per week
☐ Slightly active	> than 30 minutes of physical activity on three days per week
☐ Moderately Active	> than 30 minutes of physical activity on most, if not all, days of the week
☐ Very Active	> than 45 minutes of physical activity on all days of the week
Briefly describe your exercise program	

11. How long have you exercised or played sports regularly

☐ I do not exercise regularly	☐ Less than 1 (one) year	☐ 1 to 2 years
☐ 2 to 5 years	☐ 5 to 10 years	☐ > 10 years

12. Which of the following general goals best captures your fitness goals?

☐ General Toning	☐ Size or Strength	☐ Cardiovascular Conditioning
☐ Sport specific	☐ Cardiac Rehabilitation	☐ Weight Reduction

Signature:_____Date:_____

RELEASE: I know of no physical or medical condition that I, or my physician, feel could be aggravated by my using the equipment or 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, or injure myself while on club property. The information I have given on this form, is to the best of my knowledge, complete and accurate.

The above signed form authorizes the club exercise leader to obtain a medical clearance from you physician if you are pregnant, have diagnosed heart problems, diabetes, metabolic disorders, respiratory problems, or any other risk factors considered necessary.