Health History Form

To be completed before Fitness Assessment

Name: _____ Date: _____

What is your occupation? _____

Describe your daily activities while on the job:

_____

_____

Name of Physician: _____

Physician's Phone Number: _____

Emergency Contact Phone Number: _____

Current Medications: _____

Do you have any recent injuries that may limit you in an exercise program?

_____

_____

_____

Please list any other physical or mental conditions that may affect you in an exercise program:

_____

_____

Describe your current exercise routine (include activities and duration):

_____

_____

_____

Other exercises, sports, or recreational activities you have participated in:

_____

Do you have any negative feelings toward fitness testing and/or evaluations? If so, what:

_____

_____

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Do you currently have or have you ever had:

Increased or high blood pressure? Yes___ No___

**If yes, please explain_____

Increased or high blood cholesterol? Yes___ No___

**If yes, please explain_____

Diabetes or a thyroid condition? Yes___ No___

**If yes, please explain_____

Hernia or any similar condition? Yes___ No___

**If yes, please explain_____

History of heart problems, chest pains or stroke? Yes___ No___

**If yes, please explain_____

Muscle, joint or back disorder? Yes___ No___

**If yes, please explain_____

Are you pregnant? Yes___ No___

Have you been pregnant within the last 6-12 months? Yes___ No___

Surgery within the last 12 months? Yes___ No___

**If yes, please explain_____

Any chronic illness or disease? Yes___ No___

**If yes, please explain_____

Do you smoke? Yes___ No___

**If yes, please explain_____

Do you consume any alcoholic beverages? Yes___ No___

**If yes, please explain_____

History of breathing or lung problems? Yes___ No___

**If yes, please explain_____

Have you experienced fainting or dizzy spells while exercising? Yes___ No___

**If yes, please explain_____

Have you ever be told by a physician <u>not</u> to exercise? Yes___ No___

**If yes, please explain_____

Has a physician told you that you are overweight or obese? Yes___ No___

**If yes, please explain_____