



Health History and Physical Activity Form

Please fill out as completely as possible.

Name: _____ Date of Birth: _____

Age: _____ Sex: _____ Address: _____ City: _____

State: _____ Zip Code: _____ Telephone: _____ Alternate Telephone: _____

Emergency Contact: _____ Telephone: _____

Primary Physician: _____ Telephone: _____

Date of last physical examination: _____ Current Cholesterol Level: _____

Weight: _____ Height: _____

Do you use any of the following? Please state quantity per day or per week.

Coffee _____ Cigarettes: _____ Soda: _____
Beer (12 oz) _____ Wine (6 oz) _____ Hard liquors (1/2 oz) _____

| Medical: | YES | NO | | YES | NO |
|-------------------------|-----|-----|----------------------------|-----|-----|
| Diabetes | ___ | ___ | Hepatitis | ___ | ___ |
| Hypertension | ___ | ___ | Seizures | ___ | ___ |
| Heart disorder | ___ | ___ | Blood Disorders | ___ | ___ |
| High Cholesterol | ___ | ___ | Kidney Disease | ___ | ___ |
| Rheumatic/Scarlet fever | ___ | ___ | Cancer | ___ | ___ |
| Tuberculosis | ___ | ___ | Surgical Procedures | ___ | ___ |
| Respiratory Disease | ___ | ___ | Do you leak urine when you | ___ | ___ |
| Recent Hospitalization | ___ | ___ | jump or sneeze? | ___ | ___ |
| Orthopedic Problems | ___ | ___ | Other | ___ | ___ |

Please explain and include date for any of the above that are marked "YES". _____

Physical Activity

Do you have a regular exercise program at this time? _____ Please describe. _____

Have you ever had an exercise related injury? _____ Please describe. _____

Allergies: _____

Medications: _____

Subject Acknowledgement

The above information will be used in evaluating the medical and physical aspect of the subject. All information is to the best knowledge of the subject, or legal guardian of the subject.

The above statement has been read the subject, or the legal guardian of the subject, and is understood.

Name (please print): _____

Signature (or signature or legal guardian): _____ Date: _____