

Health History Questionnaire

Name _____ Company _____
 Home address _____ Zip _____
 Position _____
 Telephone: Home () _____ Work () _____
 Height _____ Weight _____ Gender _____ DOB _____ Age _____

Regular physical activity is safe for most people. However, some individuals should check with their doctor before they start an exercise program. To help us determine if you should consult with your doctor before starting to exercise at the F.L.C. Fitness Center at Second Baptist Church, please read the following questions carefully and answer each one honestly. All information will be kept confidential. Please check YES or NO.

- | YES | NO | |
|-------|-------|---|
| _____ | _____ | 1. Do you have a heart condition? |
| _____ | _____ | 2. Have you ever experienced a stroke? |
| _____ | _____ | 3. Do you have epilepsy? |
| _____ | _____ | 4. Are you pregnant? |
| _____ | _____ | 5. Do you have diabetes? |
| _____ | _____ | 6. Do you have emphysema? |
| _____ | _____ | 7. Do you feel pain in your chest when you engage in physical activity? |
| _____ | _____ | 8. Do you have chronic bronchitis? |
| _____ | _____ | 9. In the past month, have you had chest pain when you were not doing physical activity? |
| _____ | _____ | 10. Do you ever lose consciousness or do you ever lose control of your balance due to chronic dizziness? |
| _____ | _____ | 11. Are you currently being treated for a bone or joint problem that restricts you from engaging in physical activity? |
| _____ | _____ | 12. Has a physician ever told you or are you aware that you have high blood pressure? |
| _____ | _____ | 13. Has anyone in your immediate family (parents/brothers/sisters) had a heart attack, stroke or cardiovascular disease before the age of 55? |
| _____ | _____ | 14. Has a physician ever told you or are you aware that you have high cholesterol level? |
| _____ | _____ | 15. Do you currently smoke? |
| _____ | _____ | 16. Are you a male over 44 years of age? |
| _____ | _____ | 17. Are you a female over 54 years of age? |
| _____ | _____ | 18. Are you currently exercising LESS than 1 hours per week? If you answered no, please list your activities. _____ |
| _____ | _____ | 19. Are you currently taking any medication? If so, please list the medication and its purpose. _____ |

- | YES | NO | |
|-------|-------|---|
| _____ | _____ | 20. Have you had any surgeries and/or hospitalizations? If yes, please explain. _____ |

What are your specific fitness goals at the F.L.C. Fitness Center at Second Baptist Church?
 (Indicate all that apply.)

Continue to back side

_____ Increase strength and endurance
_____ Improve cardiovascular fitness
_____ Reduce body fat
_____ Exercise regularly
_____ Sports conditioning

_____ Improve flexibility
_____ Improve muscle tone
_____ Increase muscle mass
_____ Injury Rehabilitation
_____ Other: _____

What are your specific health goals at the F.L.C. Fitness Center? (Indicate all that apply.)

_____ Reduce stress
_____ Control blood pressure
_____ Stop smoking
_____ Improve productivity
_____ Feel better overall
_____ Other: (please be specific) _____

_____ Improve nutritional habits
_____ Control cholesterol
_____ Achieve balance in life
_____ Reduce back pain
_____ Increase my health awareness

What motivated you to join the F.L.C. Fitness Center? (Indicate all that apply.)

_____ Convenience/location
_____ Membership promotion
_____ Attended a F.L.C. Fitness Center health promotion event
_____ Peer support
_____ Medical reasons
_____ Tried the F.L.C. Fitness Center as a guest
_____ Corporate Membership
_____ Other: _____

I have read, understood, and completed this questionnaire. Any questions that I had were answered to my full satisfaction.

Name _____ Date _____
Signature _____

Emergency Contacts:

1. Name _____ Phone _____ Relationship _____
2. Name _____ Phone _____ Relationship _____

STAFF USE ONLY

Cleared to exercise _____ Not cleared to exercise _____

Reason _____

Staff Signature _____

Resting Heart Rate _____

Resting Blood Pressure _____