

HEALTH HISTORY FORM

Name: _____

Date: _____

Address: _____

Contract #: _____

Phone: () _____ home
() _____ work

Health Report

Emergency Contact: _____

Phone: () _____

Doctor's Name: _____

Phone: () _____

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 (Optional)

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?

BODYPART

Description

Date

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 often? _____
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 health 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 anyway while on club property. The information I have given on this form is, to the best of my knowledge, complete and accurate.

Signature _____

Date: _____