Health History Questionnaire

Name_____ **Event**_____

ACES Email_____ **Phone**_____

Banner ID _____ **Age**_____ **Gender** **M** **F**
(Circle)

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 this class, please read the following questions carefully and answer each one honestly. All information will be kept confidential.

Please check YES or NO:

Yes	No	
		Are you currently physically active? If yes, how many hours of physical activity per week?
		Do you have a heart condition? If yes, specify type:
		Have you ever experienced a stroke? When?
		Do you have epilepsy? If yes, how long?
		Are you pregnant? If yes, which trimester?
		Do you have diabetes? If yes, what type?
		Do you have emphysema?
		Do you feel pain in your chest when you engage in physical activity?
		Do you have chronic bronchitis?
		In the past month, have you had chest pain when you were NOT participating in physical activity?
		Do you ever lose consciousness or do you ever lose control of your balance due to chronic dizziness?
		Are you currently being treated for a bone or joint problem that restricts you from engaging in physical activity? If yes, explain:
		Has a physician ever told you or are you aware that you have high blood pressure?
		Has anyone in your immediate family (parents/brothers/sisters) had a heart attack, stroke, or cardiovascular disease before age 55?
		Has a physician ever told you or are you aware that you have a high cholesterol level?
		Do you currently smoke or have you quit within the past 6 months? If yes, how many packs/day?
		Are you currently taking any medication or supplements?
Please, list the medication(s) and its purpose:		

Emergency Contact Information

Name:_____ Phone: __(___)_____ Relationship:_____

Name:_____ Phone: __(___)_____ Relationship:_____

I understand that participation in a supervised exercise program has been associated with several health benefits including lower total cholesterol, blood pressure, obesity, and risk of cardiovascular events along with increased cardiovascular fitness, muscle strength, and endurance. Risks involved with increased physical activity include muscular fatigue, soreness, strains, and a slight increased risk of sudden death.

I have read, understood, and completed this questionnaire and verify that I have answered all questions to the best of my ability and to my full satisfaction. I consent to participate in this exercise event without medical clearance from my physician and give my permission to use the information included in this questionnaire to Northeast Lakeview College and its' representatives in a confidential manner.

Name (print) _____

Signature _____ Date_____