Participant Health History Form

Participant Info		Physician Info		Emergency Contact	
Participant Name		Physicians Name		Name	
Date of Birth	/ /	Physician Phone #	( )	Phone Number	( )
Age				Relationship	
Phone number	( )				
Occupation					
Email					

Are you taking any medications such as beta blockers, diet pills or herbal supplements that may affect your heart rate or any other aspect of your performance and/or health in this class?	Yes❑	No❑
Does your physician know you are participating in this exercise program?	Yes❑	No❑
Do you have a physician's release to engage in physical activity?	Yes❑	No❑

Do you now, or have you had in the past:							
History of heart problems?	Yes❑	No❑	if yes, explain on back of form	**Pregnancy (now or within the last 3 months)**	Yes❑	No❑	if yes, explain on back of form
Increased Blood Pressure?	Yes❑	No❑	if yes, explain on back of form	**History of breathing or lung problems**	Yes❑	No❑	if yes, explain on back of form
Any chronic illness or condition?	Yes❑	No❑	if yes, explain on back of form	**Muscle, Joint, or back disorder**	Yes❑	No❑	if yes, explain on back of form
Difficulty with physical exercise	Yes❑	No❑	if yes, explain on back of form	**Diabetes or thyroid condition**	Yes❑	No❑	if yes, explain on back of form
Advise from a physician NOT to exercise?	Yes❑	No❑	if yes, explain on back of form	**Obesity (more than 20 percent over ideal body weight)**	Yes❑	No❑	if yes, explain on back of form
Surgery within the last year?	Yes❑	No❑	if yes, explain on back of form	**Increased blood cholesterol**	Yes❑	No❑	if yes, explain on back of form
History of heart problems in immediate family	Yes❑	No❑	if yes, explain on back of form	**Hernia, or any condition that might be aggravated by lifting weights**	Yes❑	No❑	if yes, explain on back of form

If you answered, "yes" to two or more of these listed conditions, you may be at increased risk of potential complications during a rigorous exercise program and should get a signed release from your physician to participate in rigorous activity.

Remember, some form of exercise is almost always recommended, even in cases of increased risk. Exercise is known to help manage and ease conditions such as hypertension and diabetes. But in order to improve your quality of life, you need to make sure you're not aggravating an existing medical condition or performing exercises that for you, may be contraindicated.

I have answered this health history form truthfully and understand it is in my best interest to obtain a physician's release if I am at increased risk:

Signature: ______________________________ Date:__________