



PROCTOR FITNESS CENTER

Health History Questionnaire

Name: _____ DOB: _____

Exercise History

How long have you been exercising (months/years)? _____

Average exercise frequency (sessions per week): _____

Average exercise intensity:

- Light (gentle walk)
- Moderate (brisk hike)
- Heavy (running)

Average exercise duration (minutes per session): _____

Types of exercise performed: _____

Medical Background

Check all of the following that apply to you:

- I have long-term diabetes
- I have had a stroke
- I have heart disease
- I have asthma
- I have heart disease
- I am diabetic
- I experience chest pains
- I have had episodes of shortness of breath
- I have had episodes of severe dizziness
- I have difficulty breathing
- I experience swelling in and around my ankles
- I have had heart palpitations
- I regularly have claudication
- My doctor has told me that I have a heart murmur
- I experience undue fatigue
- I have heart disease
- I have a family member with cardio vascular disease
- I am a smoker

If you do smoke, for how long have you been smoking (in years)? _____

Do you have any other diseases or conditions that will affect your ability to perform moderate exercise? If yes, please explain:

List any medications you are taking: _____

List any surgeries or conditions for which you have been hospitalized: _____

Emergency Contact

Name: _____ Phone: _____

Relationship: _____

Signature

I have read the information on the reverse side of this page and have provided responses to the best of my ability. I understand that the final decision for me to participate in exercise at St. Luke's Proctor Fitness Center will be made in the best interest of my health.

Signature of participant/parent or legal guardian: _____

Today's date: _____

For office use only

Please check one of the following statements:

- This person has no immediate health concerns, and is OK to exercise safely.
- This person has raised some health concerns and will be required to complete the **Physician's Statement and Clearance** form before proceeding to use St. Luke's Proctor Fitness Center.

Office signature: _____

Office name printed: _____

Today's date: _____