



RecPlex Health History Questionnaire

Last Name _____ First _____ Today's Date ___/___/___
Street Address _____ City/State/Zip _____
Phone (home) (____) _____ (cell) (____) _____ (work) (____) _____
Date of Birth ___/___/___ Gender _____ Height _____ Weight _____

Health Information

Do you now, or have had in the past:	YES	NO
1. Heart problems/family history of heart problems	_____	_____
2. Chest pain, or stroke	_____	_____
3. High blood pressure	_____	_____
4. High blood cholesterol	_____	_____
5. Bone or joint problems	_____	_____
6. Diabetes or thyroid condition/Hyperglycemia	_____	_____
7. History of breathing or lung problems	_____	_____
8. Recent Surgery	_____	_____
9. Pregnancy (now or within the last 3 months)	_____	_____
10. Do you smoke?	_____	_____
11. Any surgeries that limit movement?	_____	_____
12. Are you currently taking any medication?	_____	_____
13. Do you often feel dizzy or faint?	_____	_____

Explain all yes answers _____

Current Training Status

	YES	NO
1. Do you perform aerobic/cardiovascular exercise regularly? If yes, how often? _____times/week What type of activity? _____	_____	_____
2. Do you perform strength training exercise regularly? If yes, how often? _____times/week	_____	_____
3. How would you rank your overall physical health? <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent		
4. Do you ever feel dizzy or faint while exercising? If yes, during what type of activity? _____ _____	_____	_____
5. Is there any reason why you should not participate in an exercise program? _____	_____	_____

I, _____, certify that I understand the preceding questions and my answers are true and complete. I understand that not answering the questions honestly may put me at risk.

I, _____, assume the risk of any changes in my medical condition might affect my ability to exercise.

I, _____, consent that any personal injury, as a result of any fitness equipment during a training session, will not be held liable to my personal trainer. I understand that involvement of a strenuous exercise program will entail periods of discomfort due to muscle soreness, stiffness, and fatigue. I understand that I need to inform my personal trainer of any prolonged discomfort or unusual symptoms immediately.

Signature

Date

If you answered yes to one or more questions, consult your physician before you begin an exercise program. Tell your physician which questions you answered yes to and explain your fitness goals and exercise regimen. Ask your physician which activities you may safely participate in, and specific restrictions, if any, should apply to your condition and exercise program.

I, _____, acknowledge that I have read the previous statements and understand the content.

Signature

Date