



## Health & Exercise History Form

Name \_\_\_\_\_ Date \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Emergency Contact Info:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Are you taking any medications/drugs? If yes, please list medication, dose, and reason.

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Describe any physical activity you do somewhat regularly.

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Do you now, or have you had in the past: (please circle any that apply)

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| 1. History of heart problems, chest pain, or stroke    | 10. Diabetes or thyroid condition                                      |
| 2. Increased blood pressure                            | 11. Cigarette smoking habit  |
| 3. Any chronic illness or condition                    | 12. Obesity (more than 20% over ideal body weight)                     |
| 4. Difficulty with physical exercise                   | 13. Increased blood cholesterol  |
| 5. Advice from physician not to exercise               | 14. History of heart problems in immediate family                      |
| 6. Recent surgery (last 12 months)                     | 15. Hernia, or any condition that may be aggravated by lifting weights |
| 7. Pregnancy (now or within last 3 months)             |  |
| 8. History of breathing or lung problems               |  |
| 9. Muscle, joint, or back disorder, or previous injury |  |

Please explain any "yes" answers.

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Rate yourself on a scale of 1 to 5 (lowest to highest). Circle the number that best applies.

Characterize your present athletic ability.

1      2      3      4      5

Characterize your present muscular capacity.

1      2      3      4      5

Characterize your present cardiovascular capacity.

1      2      3      4      5

Characterize your present flexibility capacity.

1      2      3      4      5

Are you currently involved in regular exercise?

Strength training \_\_\_\_\_ minutes/day      \_\_\_\_\_ days/week  
Cardio \_\_\_\_\_ minutes/day      \_\_\_\_\_ days/week

Rate your perception of exertion of your current exercise program.

(1) Light      (2) Fairly light      (3) Somewhat hard      (4) Hard

How long have you been exercising regularly?

\_\_\_\_\_ Months      \_\_\_\_\_ Years

What other exercise, sport, recreational activities have you participated in during the past 6 months? \_\_\_\_\_