

Fitness Center

Regis University

Pre-exercise Medical History Questionnaire

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work/Cell Phone: _____
Age: _____ Height: _____ Weight: _____ Sex: _____

MEDICAL HISTORY:

Past History:

Check if you've had...

- Rheumatic fever
- Heart murmur
- Heart attack ***
- Elevated cholesterol ***
- Any heart trouble
- Disease of arteries
- Lung disease
- Injuries to back
- Epilepsy***
- Operations
- High blood pressure***
- Other _____

Family History:

Have any relatives had...

(Including parents, grandparents, siblings)

- Heart attacks***
- Diabetes mellitus
- Arthritis
- Congenital heart disease
- Heart operations ***
- High blood pressure
- Back pains
- Other major illnesses _____

Present Symptoms:

Do you experience...

- Anemia
- Elevated cholesterol***
- Pacemaker***
- Shortness of breath***
- Asthma
- Coughing up blood
- Orthopedic limitations***
- Irregular or rapid heart beat
- Fainting or dizziness
- Diabetes***
- Pain with moderate exercise
- Other: _____

Present Medications: _____

LIFESTYLE:

Current occupation: _____

Current Exercise Level: Do Not Exercise Active 1-2 Times Weekly
 Weekend/Vacation Exerciser Active 3+ times Weekly

Work/school activity level: sedentary Moderate Active

Are you under a lot of stress? Yes No

Do you smoke cigarettes? Yes No

Has a doctor ever advised you against exercise: Yes No

List Exercise Activities: _____

Personal Physician: _____ Telephone: _____

Person to Contact In Case Of Emergency: _____ Telephone: _____

Signature: _____ **Date:** _____