Medical History for Exercise Participation (p.1)

Participant Information

Please complete the following questions as accurately as possible. Update as necessary.

This information is kept confidential and available to the program and emergency personnel only in the event of an emergency.

Participant's Name:_____

DOB: _____ Gender: _____

Phone Number: (_____) _____ - _____

Email:_____

Emergency Contact: _____ (_____) _____ - _____
Name Emergency contact phone

1. Are you currently taking any medication?
    a. If yes, indicate what medication(s).

2. Do you smoke cigarettes or use nicotine products?
    a. If yes, indicate for how long and how much.

3. Are you taking any supplements (vitamins, herbs, etc.)?
    a. If yes, indicate what you are taking.

4. Have you suffered from any of the following? Check if yes

_____Heart attack _____Coronary artery disease

_____Stroke _____Congestive heart failure

_____Arthritis _____Cancer

_____Allergies (if yes, include specifics):

Medical History for Exercise Participation (p.2)

5. Have you been diagnosed with any of the following? Check if yes

_____Diabetes _____Kidney problems

_____Abnormal heart rate; murmur _____Hypertension

_____Chronic Infectious Diseases _____Asthma

_____Anemia _____Back Pain

_____Joint problems _____Dizziness

_____Abnormal metabolism _____High Blood Cholesterol

_____Fainting _____Muscle/skeletal

_____Other (Please elaborate)

6. Is there family history (parents, siblings) diagnosis with any of the following before age 55?

_____ Heart disease _____Diabetes

7. Do you experience any of the following when you exercise?

_____ Pain or discomfort in the chest region _____Shortness of breath

_____Dizziness or fainting _____Skipped heart beats

_____Shooting/sharp pain (please explain)

8. Is there any reason you should not exercise?

9. Describe your current exercise program.

10. Do you have any muscle or skeletal problems or injuries? If yes, please explain.

11. Have you had any pain which lasted more than one week? If yes, please explain.

12. Are you/could you be currently pregnant?

Medical History for Exercise Participation *Signature* (p.3)

Participant Authorization

I understand the provided information and guarantee this form was completed correctly to the best of my knowledge. I understand it is my responsibility to inform the instructor of any changes to the information I have provided. This information is kept confidential and available to the program and emergency personnel only in the event of an emergency. I understand there are risks involved in my participation. I agree to hold harmless the instructor and location from any and all liabilities. Photographs and/or video recordings occasionally will be taken. I give permission to have my image shared in connection with the activity, though no association of my identity will be revealed. If you do not wish to have your images shared, please inform the instructor.

_____ / _____

Participant Signature (or parent/guardian of minor participant) *Date*

Revised June 2024