



GUEST HEALTH FORM

Name _____

DOB _____

Job _____

Street Address _____

City/Post code _____

Home Phone _____

Work Phone _____

Gender (circle one) _____

Emergency Contact and _____

Phone _____

How did you hear about us? _____

What interested you in _____

joining this fitness program? _____

Please answer all these questions to the best of your ability and knowledge:

Has a physician ever told you that you have heart trouble?	Y / N
Do you frequently have pains in your heart and chest area?	Y / N
Do you often feel faint or have spells of severe dizziness?	Y / N
Has a physician ever told you that your high blood pressure was too high?	Y / N
Has a physician ever told you that you have a bone or joint problem such as arthritis that has been aggravated or might be made worse by exercise?	Y / N
Do you have a good physical reason not mentioned here why you should not follow an activity program even if you wanted to?	Y / N
Are you over the age of 65 and not accustomed to vigorous exercises?	Y / N



GUEST HEALTH FORM

Section 1

Have you ever had any of the following?

Heart attack or heart failure?	Y / N
Heart Surgery?	Y / N
Metabolic diseases?	Y / N
A pacemaker or other heart device?	Y / N
A heart valve or congenital heart disease?	Y / N
Pulmonary disease?	Y / N
A Stroke?	Y / N
Coronary Artery Disease?	Y / N
If you are a woman, are you pregnant?	Y / N
Musculoskeletal or nerve problems?	Y / N

Section 2

Have you ever experienced any of the following?

Pain in your chest, neck or jaw?	Y / N
Shortness of breath with mild exertion?	Y / N
Palpitations, tachycardia, or irregular heart beat?	Y / N
Orthopnea or Paroxysmal Nocturnal Dyspnea Intermittent claudication or thrombosis?	Y / N
Ankle swelling?	Y / N
Heart murmur?	Y / N
Dizziness?	Y / N



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Section 3

Indicate if you have had any of the following or if any apply to you:

You are a male older than 45 years of age.	Y / N
You are woman over 55 years of age or have had a hysterectomy or are postmenopausal.	Y / N
You smoke or have quit smoking in the last 6 months.	Y / N
You have blood pressure greater than 140/90.	Y / N
You are physically inactive or get less than 30 minutes of physical activity on at least 3 day per week.	Y / N
You have total cholesterol greater than 200 mg/dL.	Y / N
You have a close male blood relative who had a heart attack before age 55 or a close female relative who had a heart attack before age 65.	Y / N
You have diabetes or take medication to control blood sugar.	Y / N
Take prescription medication.	Y / N
You are more than 20 pounds overweight.	Y / N

I understand that exercise programs can create physical stress and possible harmful effect. I agree it is entirely my responsibility to consult with a physician prior to my initiating an exercise program. I also understand that exercise equipment can cause injury and take full responsibility for my actions or accidental injury and will use the facilities with care and caution.

Signature _____ Date _____

Staff use

Clear to Exercise Y / N

If not, why? _____

Staff Signature _____ Date _____