



Health History

This Health History form is for informational purposes only. It will not be verified or investigated. Personally Fit, Inc. employees, personal trainers and contractors are not medical doctors and cannot diagnose injury, illness or disease. Except in an emergency, this information will be kept confidential. Individuals participating in an exercise program should use caution and obtain medical clearance from a physician prior to starting a plan.

Today's Date / /

Member's Name _____ Date of Birth / /

Age _____ Male Female Height _____ ft. _____ in.

Weight _____ Body Fat _____ % Body Mass Index (BMI) _____

Physician's Name _____ Physician's Phone Number _____

Date of Last Physical Exam _____

Is your physician aware you are participating in an exercise program? Yes No

Are you under any current medical restrictions? Yes No

If yes, please provide a brief description _____

Please list any current medications you are taking _____

Describe your present activity level _____

Purpose for joining *Personally Fit* _____

Emergency Contact _____

Phone Number _____ **Relationship** _____

- Yes No Do you have high blood pressure?
- Yes No Have you ever had any heart trouble?
- Yes No Have you ever had an abnormal EKG?
- Yes No Have you ever had a stress EKG?
If yes, when _____ Result _____
- Yes No Do you have a history of breathing or lung problems?
If yes, please describe. _____
- Yes No Do you have increased blood cholesterol?
If yes, what is your cholesterol level? _____
How do you control it? Medication Diet
- Yes No Do you currently smoke? If yes, for how long? _____ years
- Yes No Did you ever smoke? If yes, for how long? _____ years
When did you quit? _____
- Yes No Do you ever experience dizziness?
- Yes No Have you ever or do you currently have diabetes?
- Yes No Have you ever had a stroke?
If yes, when? _____
What were the effects of the stroke? _____
- Yes No Have you ever been, or are you currently anemic?
- Yes No Have you had blood relatives with heart problems?
- Yes No Have you had blood relatives with diabetes?
- Yes No Have you had any surgeries in the past 5 years?
If yes, please describe. _____
- Yes No Do you have any muscle, joint, or back disorders currently affecting you?
If yes, please describe. _____
- Yes No Do you have any condition that might affect your ability to exercise?
- Yes No Are you currently under a physician's care?
- Yes No Are you presently dieting?

Is there anything else about your health that *Personally Fit* should be aware of? _____

I agree that Personally Fit, Inc. may disclose the foregoing information to health care providers in the event of a health emergency.

Signature _____ Date _____

Trainer's Signature _____