

VSU CAMPUS REC

# FITNESS & WELLNESS

## Participant Information & Health History Form

### CLIENT INFORMATION

Client name: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician Phone: \_\_\_\_\_ Physician Fax: \_\_\_\_\_

Does your physician know you are participating in this exercising program: Y\_\_ N\_\_

Are you taking any medication(s) or drug(s)? Y\_\_ N\_\_ If Yes, please describe: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Desired Weight: \_\_\_\_\_

### HEALTH HISTORY

Please accurately respond to the following questions:

	Presently	Had	Describe
▪ History of heart problems, chest pain, or stroke	_____	_____	_____
▪ Increased blood pressure	_____	_____	_____
▪ A chronic condition of illness	_____	_____	_____
▪ Difficulty with physical exercise	_____	_____	_____
▪ Advice from a physician not to exercise	_____	_____	_____
▪ Surgery within the past 12 months	_____	_____	_____
▪ Pregnancy within the last 3 months or now	_____	_____	_____
▪ History with breathing or lung problems	_____	_____	_____
▪ Muscle, joint, back disorder, or any previous injury now affecting you	_____	_____	_____
▪ Diabetes or a thyroid problem	_____	_____	_____
▪ A cigarette smoking habit (10+ cigarettes/day)	_____	_____	_____
▪ Obesity (over 20% of ideal body weight)	_____	_____	_____
▪ Increased blood cholesterol	_____	_____	_____
▪ A history of heart problems in your immediate family	_____	_____	_____
▪ Hernia or any condition which lifting weights may aggravate	_____	_____	_____