INDIVIDUAL FITNESS & MEDICAL HISTORY QUESTIONNAIRE

Many health benefits are associated with regular exercise and participation in an Individual Fitness Program. This is a sensible first step to take if you are planning to increase the amount of physical activity in your life. This information is used solely as an aid to health care and will not be released without your consent.

SECTION A: DEMOGRAPHICS

☐ **STUDENT -** Class Year _____ ☐ **EMPLOYEE** ☐ **SPOUSE / PARTNER**

Name _____ Date of Birth: _____

Phone #: (____)_____ E-mail Address: _____

Address _____ City _____ State _____ ZIP _____

Physician's name: _____ Physician's Phone: _____

Emergency Contact Name: _____ Emergency Contact Phone # _____

SECTION B: RISK FACTORS

For most people physical activity should not pose any problem or hazard. This form has been designed to identify the small number of individuals for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

YES	NO	
☐	☐	**1.** Have you ever had or has your doctor ever diagnosed you as having heart trouble or coronary disease?
☐	☐	**2.** Has any immediate family member had heart problems or sudden death before the age of 55, if you are male, or age 65, if you are female?
☐	☐	**3.** Do you have a history of high blood pressure (above 140/90) or are you on medication?
☐	☐	**4.** Do you have diabetes?
☐	☐	**5.** Do you smoke cigarettes?
☐	☐	**6.** Has your doctor ever said you have high cholesterol? *(Serum Cholesterol, if known = _____)*
☐	☐	**7.** Are you overweight? *(Height = _____ and Weight = _____)*
☐	☐	**8**. Is your diet heavy in fatty foods and red meat?
☐	☐	**9.** Are you a female over age 55 or male over age 45?
☐	☐	**10.** Are you sedentary?

SECTION C: Health History

Common sense is your best guide in answering these few questions. Please read them carefully and check the correct answer opposite the question if it applies to you.

1. Are you presently involved in a regular exercise program? ☐ Yes ☐ No

2. How active do you consider yourself? ☐ Sedentary ☐ Lightly active ☐ Moderately active ☐ Highly active

3. Do you now or have you ever smoked? ☐ Yes ☐ No

(a) If you previously smoked, how many years? ___ packs per day?___ date you quit?_____

(b) If you currently smoke, how many years? ___ packs per day?___

4. How would you characterize your life? ☐ Highly stressful ☐ Moderately stressful ☐ Low in stress

5. Are you now or have you ever been on "a diet"? ☐ Yes ☐ No

If yes, please explain._____

6. Would you consider your body to be: ☐ overweight ☐ average ☐ underweight

7. **How many meals do you usually eat per day?** _____ **Do you usually eat breakfast?** ☐ Yes ☐ No

8. **My diet is:** ☐ Unrestricted ☐ Low fat/low cholesterol ☐ Strict vegetarian
☐ Ovo-lacto-vegetarian (eat eggs/milk) ☐ Avoid red meat, but eat chicken/fish
☐ Other? (low sodium, etc.) _____

9 **How would you describe your nutrition habits?** ☐ Good ☐ Fair ☐ Poor

10. **Please describe your knowledge of nutrition.** ☐ Good ☐ Fair ☐ Poor

CURRENT EXERCISE PROGRAM (IF ANY):

EXERCISE TYPE	FREQUENCY (# of days / week)	DURATION (Time spent in activity)	Exercise Comment
CARDIOVASCULAR			
WEIGHTS / STRENGTH			
STRETCHING / FLEXIBILITY			

New Exercise Program Goals:

- _____
- _____
- _____

Days available per week? 1 2 3 4 5 6 7 **Which days?** Varied M T W TH F SA SU

Time available per day (minutes)? 20 or less 30 45 60 over 1 hour

SECTION D: Medical History

It is always a good idea, if you have not recently done so, to consult with your personal physician before starting or increasing your physical activity.

Present & Past History

Check any conditions or diseases you now have or have had in the past.

_____ Peripheral vascular disease (Claudication - calf pain with exercise)
_____ Chest discomfort
_____ Extra, skipped, or rapid heart beats or palpitations
_____ Heart murmurs
_____ Ankle swelling, varicose veins or blood clots in the legs (phlebitis)
_____ Unusual shortness of breath with mild exertion
_____ Light-headedness, dizziness or fainting

*Please note, the conditions listed above could be **symptoms** of Cardio-pulmonary / Metabolic disease*

_____ Heart attack or heart surgery
_____ Low blood pressure
_____ Epilepsy or seizures
_____ Emphysema
_____ Fatigue/lack of energy
_____ Foot problems
_____ Back problems
_____ Neck problems
_____ Arthritis or Bursitis
_____ Stroke
_____ Cold hands or feet
_____ Asthma
_____ Bronchitis
_____ Swollen/stiff joints
_____ Knee problems
_____ Shoulder problems
_____ Broken bones

If you checked any of the conditions above, please explain:_____

_____

1. List any prescribed medications you are now taking. _____

_____

2. List any over-the-counter medications or dietary supplements you are now taking: _____

_____

3. List any illness, hospitalization, or surgical procedures within the past two (2) years: _____

_____

4. Please list date of last physical examination and results: _____

_____

SECTION E: Informed Consent Agreement

Thank you for choosing to participate in Lafayette's Individual Fitness Programs. Please read and sign the statement below.

I, _____, declare that I intend to engage in physical activity while using some or all of the recreation facilities at Lafayette College and I understand that each person (myself included) has a different capacity for participating in such activities. I am aware that all activities offered are voluntary and self-directed in nature. I assume full responsibility, during and after my participation, for my choices to use or apply, at my own risk, any portion of the information or instruction I receive during the Individual Fitness Program. .

I understand that part of the risk involved in undertaking any activity is relative to my own state of fitness or health and to the awareness, care, and skill with which I conduct myself in that activity. I acknowledge that my choice to use the Kirby Sports Center at Lafayette College brings with it my assumption of risk.

I recognize that by using the recreation facilities at Lafayette College, I may experience potential health risks such as light-headedness, fainting, abnormal blood pressure, chest discomfort, leg cramps, bodily injury, nausea and even the possibility of life threatening emergency. I assume willfully those risks listed above. I acknowledge my obligation to immediately inform the nearest supervising employee of any pain, discomfort, fatigue, or any other symptoms that I may suffer during and immediately after my participation. I understand that I may stop or delay my participation in any activity if I so desire and that I may also be requested to stop and rest by a supervising employee who observes any symptoms or distress or abnormal response.

I further understand that the information offered by Recreation Services is sometimes provided by personnel who may not be licensed, certified, or registered instructors or professionals. I accept the fact that the skills and competencies of some employees and/or volunteers will vary according to their training and experience and that no claim is made to offer assessment or treatment of any mental or physical disease or condition by those who are not duly licensed, certified, or registered and herein employed to provide such professional services.

I understand that I may ask any questions or request further explanation or information about the facilities, my Individual Exercise Program, or use of equipment in the Kirby Sports Center at any time before, during, or after my participation. I declare that I have read, understand, and agree to the contents of this informed consent agreement in its' entirety.

Signature _____ Date _____

****** THIS SECTION FOR OFFICE USE ONLY ******

Participation Record:

□ Equipment Orientation - Date: _____
□ Exercise Prescription - Date: _____
□ Fit Start Program – Date: _____
□ Fitness Assessment – Date: _____
□ Personal Training Program – Date: _____