

**Medical History Form
for use by The Airport Club Personal Training Staff**

ID# _____

First _____ Last _____

DOB _____ Gender M / F

Phone _____ Emergency contact _____

Email _____

HEALTH HISTORY

1. Who is your primary physician and when was your last physical examination? _____

2. Have you ever had chest pain, shortness of breath, dizziness or fainting? Y / N

3. Has your doctor ever diagnosed you as having a heart condition, asthma, stroke, diabetes or epilepsy? _____

4. Have you ever had back problems, arthritis, or orthopedic conditions/problems (e.g., osteoporosis)? _____

5. Have you ever had injuries or surgeries associated with the above conditions/problems? _____

6. FEMALES ONLY. Are you pregnant or do you have any reason to believe you are? Y / N
7. Are you a male older than 45 years or a female older than 55 years? Y / N
8. Have you been diagnosed with high blood pressure OR your physician has warned you about your levels? Y / N _____

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- 9. Have you been diagnosed with high cholesterol OR your physician has warned you about your levels? Y / N _____
- 10. Has an immediate family member had a heart attack or heart surgery before age 55(M) or age 65 (F)? Y / N _____
- 11. List any medications you are taking, why, and the dosage level if known. _____

- 12. List any other medical problems you may have. _____

PAR – Q

- 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? Y / N
- 2. Do you feel pain in your chest when you do physical activity? Y / N
- 3. In the past month, have you had chest pain when you were not doing physical activity? Y / N
- 4. Do you lose your balance because of dizziness or do you ever lose consciousness? Y / N
- 5. Do you have a bone or joint problem (for example: back, knee, hip) that could be made worse by a change in your physical activity? Y / N
- 6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? Y / N
- 7. Do you know of any other reason why you should not do physical activity? Y / N
