

GRAND RIVER AREA FAMILY YMCA

Health History Form

For most people, physical activity should not pose any problem or hazard. The Health History Form is designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type and amount of activity that is suitable.

Please complete the following by circling your response and/or describing your condition in the space provided.

1. Has your doctor ever said you have heart trouble? Yes No
If yes, please describe:

2. Do you frequently suffer from pains in your chest? Yes No

3. Do you often feel faint or have spells of severe dizziness? Yes No

4. Are you aware that you have a high cholesterol level? Yes No

5. Has a doctor ever said your blood pressure was too high? Yes No

6. Has anyone in your immediate family (parents, siblings, etc.) had a heart attack, stroke, or cardiovascular disease before age 55? Yes No

7. Has a doctor ever told you that you have a bone joint problem such as arthritis that has been aggravated by exercise, or might be made worse with exercise? Yes No

8. Are you a diabetic? Yes No

9. Do you have any respiratory problems? Yes No

10. Are you pregnant? Yes No

11. Is there a good physical reason not mentioned here why you should not follow an activity program?
Yes No If yes, please describe:

12. Are you over 65 and/or not accustomed to exercise? Yes No

If you answered YES to any of the above questions, vigorous exercise or exercise testing should be postponed until a medical clearance is given by your doctor to the YMCA.

11. Do you smoke? Yes No
If yes, how many cigarettes per day?

12. Have you ever smoked? Yes No
If yes, how long ago did you quit?

This form has been reviewed by: _____
Name of Trainer **Date**