



JSU University Recreation Health History Questionnaire

Name _____ Date Form Completed _____

Date of Birth _____ Age _____ Gender _____ Height _____ Weight _____

Emergency Contact _____ Relationship _____

Emergency Contact Phone _____

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Have you ever had a definite or suspected heart attack or stroke? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have any cardiovascular (heart) or pulmonary (lung) disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have any other cardiovascular condition or abnormalities? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have any history of diabetes, thyroid, liver or kidney disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you currently taking any medications? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. If you answered Yes to any questions #1-5, please describe: | | |

- | | Yes | No |
|---|--------------------------|--------------------------|
| 7. Do you have any problems with bones, joints, or muscles that become aggravated while exercising? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you have any back or neck problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you been told by a health professional that you should not exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. If you answered Yes to any questions #7-9, please describe: | | |

I have answered this Health History Questionnaire questions accurately and completely. I understand that my medical history is a very important factor in the development of my fitness and wellness program. I understand that certain medical or physical conditions which are known to me, but that I do not disclose to my personal trainer, may result in serious injury to me. If any of the above conditions change, I will immediately inform my trainer of those changes. I, knowingly and willingly, assume all risk of injury resulting from my failure to disclose accurate, complete, and updated information in accordance with this Health History questionnaire. My participation in JSU Personal Training sessions are voluntary.

Client's Signature _____ Date _____