Approved by	Date	
Doctorøs Release Required □ yes □ no		
Program	Return to	
Appt. w/	Date	

FOLLOW UP CALLS			
Date	Staff	Comments	
Date	Staff	Comments	
Date	Staff	Comments	



HEALTH HISTORY QUESTIONAIRE

MEMBER NAME			EMERGENCY CONTACT		
Birthdate	Age	Sex	Phone		
Home address			Relationship		
City State	Zip		FAMILY HISTORY OF CORONARY OR OTHER		
Phone	Work Phor	ne	ATHEROSCLEROTIC DISEASE Heart Attack ☐ Coronary Artery Surgery☐ Sudden Death ☐ Age At Occurance		
CURRENT PHYSICIAN					
Phone Fax					
□Pregnant □Cur	rently R	ecently	se check any of the following that apply: weeks months		
Obesity (Waistgirth of Chest pain or tightness Unusual cardiac fine Explain	ia (high choles blood pressure cose vithin the past (Not accumula of more than 3 ess at rest or edings	sterol: 200 m 140/90 mm 6 months) ting 30 minute 9 inches) xertion Expla urmur ma Asthma	es or more of exercise on most days of the week) ain MVP		

HEALTH HISTORY QUESTIONAIRE (continued) Cancer **Date Diagnosed Treatment Explain** Surgery Explain Date Currently taking medications (list all) Currently have health and/or physical limitations which may interfere with exercise Explain **CURRENT EXERCISE INFORMATION Activity** Time/Session Days/Weeks **Activity** Time/Session Days/Weeks Time/Session Days/Weeks **Activity** I realize that my answers to the above questions will be considered by Wheaton Sport Center Fitness Staff in determining whether I shall be permitted to participate in certain programs offered by Wheaton Sport Center. I also understand that Wheaton Sport Centers decision to permit me to participate in certain programs shall not be interpreted as a determination that would medically safe to do so. I give permission to Wheaton Sport Center Fitness Staff to seek approval regarding any medical concerns, so a safe and appropriate exercise program can be prescribed. However, I understand that Wheaton Sport Center will not contact the physician of every member or prospective member and that it is ultimately my responsibility to consult with my physician to be sure that I have no physical condition, which could be adversely affected by any activities at Wheaton Sport Center. I, , (member as name) certify the health history information provided is complete and accurate to the best of my knowledge. I agree to inform Wheaton Sport Center Fitness Staff of any changes in my health or medical status. Accordingly, I certify that such answers are true and correct. In the event that any such answer would prove to be untrue, I release Wheaton Sport Center from any and all liability, loss, costs, damage and expense resulting from its reliance herein. , will sign below upon consultation with Wheaton Sport Center Fitness Staff I, Member' OFFICE USE ONLY: GOALS: Member Signature Date

Date

Date

If under 18, Parent/Guardian Signature

Fitness Staff Signature