



MEDICAL HISTORY AND CURRENT HEALTH STATUS QUESTIONNAIRE

WATERTOWN AREA YMCA

415 S. Eighth Street, Watertown, WI 53094
Ph: (920) 262-8555 Fax: (920) 262-8543

STAFF USE ONLY
Orientation Complete
Initials: _____
Date: _____

Date: _____ Name: _____

Date of Birth: _____ Phone: _____

Physician approval required if any answered "yes": (must also fill out Medical Clearance Form)

- 1. Do you have a personal history of heart disease or lung problems?
- 2. Do you have diabetes?
- 3. Have you been told you have high blood pressure?
- 4. Do you have any bone or joint problems that could be made worse by a change in your activity?
- 5. Have you had a surgery in the past 6-8 weeks?

Physician approval required if 3 or more are answered "yes": (must also fill out Medical Clearance Form)

- 6. Have you experienced chest pain/discomfort recently?
- 7. Have you had any problems with dizziness or fainting?
- 8. Do you have difficulty breathing with standing or sudden breathing problems at night?
- 9. Do you suffer from ankle edema (swelling of the ankles?)
- 10. Have you experienced severe pain in leg muscles during walking?

No physician approval needed, but risk considered:

- 11. Do you have a family history of cardiac or pulmonary disease prior to age 55?
- 12. Have you been assessed as hypertensive on at least 2 occasions?
- 13. Has your serum cholesterol been measured at greater than 240 mg/dl?
- 14. Have you ever had an episode of exercise-induced asthma with: severe wheezing, coughing or severe shortness of breath brought on by exercise?
- 15. Are you a cigarette smoker?
- 16. (Women only) Are you pregnant?

Participant Signature: _____

Parent/Guardian Signature (if age 10-16): _____