

Campus Recreation
F · I · T First Personal Training Program
Medical Clearance

Write “Y” for yes or “N” for no to all medical problems that you have experienced within one year (unless indicated). If you answer Yes to any question, please have your doctor complete a medical release.

- History of heart problems, chest pain or stroke
- Any chronic illness or condition
- Advice from physician not to exercise
- Pregnancy (now or within last 3 months)
- Muscle, joint, or back disorder, or previous injury still affecting you
- Loss of balance due to dizziness
- Loss of consciousness
- Do you smoke or have you quit smoking within the last 3 months?
- Increased blood pressure
- Difficulty with physical exercise
- Recent surgery (last 12 months)
- History of breathing or lung problems
- Diabetes or thyroid condition
- Increased blood cholesterol
- Hernia or any condition that may be aggravated by lifting weights
- Are you taking any medication for blood pressure
- Or a heart condition?
- History of heart problems in immediate family before the age of 55 years in your father or other male 1st degree relative (i.e. brother, son) or before 65 years of age in mother or other female 1st degree relative (i.e. sister, daughter).
- Other: _____
- _____

If you answered:

YES to one or more questions:

- You must obtain a medical release from your physician.

NO to all questions:

- You may start becoming more physically active - begin slowly and build-up gradually.
- Schedule your initial session with a F·I·T First Personal Trainer and begin your exercise program.

I have read, understood and completed the questionnaire. Any questions that I had were answered to my full satisfaction.

Print Name: _____

Signature: _____

Date: ___ / ___ / ___