

Health History and Par-Q

Date Joined ____/____/____[Ⓢ] Ⓢ Ⓢ Ⓢ Ⓢ Membership # _____

Hospital Employee ____ Rehabilitation ____ Corporate ____ Student ____ PIF ____ Regular ____

Name: _____ Age: ____ Date of Birth: ____/____/____

Address: _____ City: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____

Email: _____ Physician: _____

Emergency Contact: _____ Phone: () _____

Height: _____ Weight: _____

A. HEALTH HISTORY Have you been under the care of a physician for:

Angina/Chest Pain ____No ____ Yes Date: ____/____/____	Abnormal Heartbeat ____No ____ Yes Date: ____/____/____
Heart Attack ____No ____ Yes Date: ____/____/____	Stroke ____No ____ Yes Date: ____/____/____
Heart Surgery ____No ____ Yes Date: ____/____/____	Epilepsy/Seizure Disorder ____No ____ Yes Date: ____/____/____
Heart Angioplasty ____No ____ Yes Date: ____/____/____	____No ____ Yes Date: ____/____/____

Hypertension ____No ____ Yes	Joint Disorder or History of Surgery:
Medication _____	Please Describe: _____
Diabetes Mellitus ____No ____ Yes	_____
Insulin _____	_____
Asthma/Breathing Disorder ____No ____ Yes	Are you a smoker? [Ⓢ] ____No ____ Yes

List any medications you are currently taking _____

Are you allergic to any medications? _____

Please list any other medical problems which might limit or cause injury to you by participating in physical activity: _____

B. PAR-Q Please answer the following questions

- YES NO 1.) Has your doctor ever said you have heart trouble?
- YES NO 2.) Do you have pains in your heart and/or chest?
- YES NO 3.) Do you often feel faint or have spells of severe dizziness?
- YES NO 4.) Has a doctor ever said your blood pressure was too high?
- YES NO 5.) Has your doctor ever told you that you have a bone or a joint problem such as arthritis that has been aggravated?
- YES NO 6.) Is there any good physical reason not mentioned here why you should not follow an activity program even if you wanted to?
- YES NO 7.) Are you over age 65 and not accustomed to vigorous exercise?