General Information

Today’s Date

Member’s Full Name Date of Birth

Physician’s Name Physician’s Phone Number

Section #1 Check all that apply:

- Heart Attack
- Heart Surgery
- Pacemaker/implantable cardiac defibrillator
- Heart Valve Disease
- Heart Failure
- Heart Disease
- Any other cardiovascular problems not listed on this medical history?

Please specify:

- Diabetes
- Asthma or lung disease

- Currently being treated for cancer

- History of cancer

- Stroke
- Currently pregnant

Section #2 Check all that apply:

- Male ≥ 45 years
- Female ≥ 55 years, have had a hysterectomy, or are postmenopausal
- Exercise less than 3 times per week, or get less than a total of 90 minutes per week
- Current smoker or quit smoking within the previous 6 months or exposure to environmental smoke
- Have high cholesterol or on medication for (level is ≥ 200 mg/dl)
- High blood pressure
- Currently taking medication for blood pressure or heart condition
- Pain in your chest when you do physical activity
- Burning cramping sensation in your legs when walking short distances

Medications

Please list any medications you are currently taking:

Exercise History

On average, how many days per week do you exercise or do physical activity?

Days per week:

On average, how many minutes of physical activity or exercise do you perform each of those days?

Minutes per day:

Informed Health Risk

This section to be completed with a fitness staff member. Staff initials: ___________ Participant signature: ___________

- Yes, I have been made aware of the above health-risk factors and have been advised to see my physician prior to engaging in activity.
- Yes, I have been made aware of my level of health risk: □ Low □ Moderate □ High

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