

MEDICAL HISTORY QUESTIONNAIRE

Name: _____ Last 4 of (sponsor) SS#: _____ Age: _____

Unit: _____ Phone: _____ Date: _____

Regular exercise is associated with many health benefits, yet any change of physical activity may increase the risk of injury. To the best of your knowledge, please indicate whether you've ever experienced or had a physician inform you that you have the following:

	Yes	No
1. Heart attack, coronary bypass, stroke, or other cardiac surgery	_____	_____
2. Heart murmurs, rapid heart beat, or unusual cardiac findings (to include family history of coronary heart disease or sudden death)	_____	_____
3. Chest discomfort - especially with exertion, unusual shortness of breath, lightheadedness, or fainting	_____	_____
4. Asthma, emphysema, bronchitis, or other respiratory condition	_____	_____
5. Abnormal blood lipids (cholesterol)	_____	_____
6. High blood pressure	_____	_____
7. Diabetes	_____	_____
8. Recent illness, hospitalization, or surgery	_____	_____
9. Orthopedic problems:		
a. Osteoporosis	_____	_____
b. Arthritis	_____	_____
c. Low Back pain (to include hips)	_____	_____
d. Knee pain	_____	_____
e. Shoulder or Neck pain	_____	_____
f. Ankle or Foot pain (to include Shin Splints)	_____	_____
g. Hand or Wrist pain	_____	_____
h. Other _____	_____	_____
10. Do you have any other condition or problem that should be known?	_____	_____
