



# Health Status Questionnaire



Membership Type \_\_\_\_\_

Guest Fee \_\_\_\_\_

Assessment Fee  Yes  No

General Training  Yes  No

Contract Expiration Date \_\_\_\_\_

We require all program participants to fill out this questionnaire truthfully and completely to help us determine if you are ready to exercise and/or if you require a physician's consent to exercise. This questionnaire is in accordance to the standards of care for fitness facilities advocated by the American Heart Association and the American College of Sports Medicine.

Name (Printed) \_\_\_\_\_ Today's Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Email Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Primary Physician \_\_\_\_\_ Phone \_\_\_\_\_

### Part One:

If you answer Yes to either #1, #2 or #3 below, we will require a physician's clearance for you to participate in the program. This allows input from your physician.

- 1. Has your doctor ever told you that you have heart disease (specifically heart attack, heart bypass surgery, leg bypass surgery, congestive heart failure, and/or angina/chest pain?)  Yes  No
- 2. Has a doctor ever told you that you have diabetes?  Yes  No
- 3. Are you pregnant?  Yes  No

**If you answered YES to any questions in Part One, please read and sign Physician Clearance Process below, then complete side two.**

### Part Two:

If you answer YES to two or more statements below, we will require one of our fitness staff to review your responses and determine if a physician's clearance is required. If you do not know the answers to some of these questions, the fitness staff will go over this with you.

- Yes  No You are older than 55, or have had a hysterectomy or are postmenopausal.
- Yes  No You smoke or quit smoking within the past six months.
- Yes  No Your blood pressure is greater than 140/90 mmHg.
- Yes  No Your blood cholesterol is greater than 200 mg/dl.
- Yes  No You have a close blood male relative (father or brother) who had a heart attack or heart surgery before the age of 55 or a close female relative (mother or sister) who had a heart attack or surgery before the age of 65.
- Yes  No You are physically inactive (you get less than 30 minutes of physical activity at least 3 times per week).
- Yes  No Your waist circumference is greater than 35 inches.

Medical Clearance needed per Fitness Staff (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

Fitness Staff Clearance (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

**Physician Clearance Process:**  
 If you are required to have a physician's consent, you can choose one of the following (circle):

- 1. We will fax the form on your behalf and contact you when we receive it.
- 2. We will provide you with the form to mail or fax to your physician.

Participant approval for clearance \_\_\_\_\_ Date: \_\_\_\_\_

