

Health Questionnaire

Name _____ Date _____
 Address _____
 Gender _____ Birthday _____ E-mail _____
 Telephone (W) _____ Telephone (H) _____

Regular physical activity is fun and healthy and for most people safe. However, some individuals may have health-related risks that might require them to check with their physician prior to starting an exercise program. To help determine if there is a need for you to see your physician before starting an exercise program, please read the following questions and answer carefully.

All information will be kept in the strictest confidentiality. In addition to the health history questions, we have also listed several questions pertaining to your interests and goals for participating in an exercise/physical activity program.

I. PHYSICAL ACTIVITY SCREENING QUESTIONS

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Has your physician ever told you that you have a heart condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you experience pain in your chest when you are physically active? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. In the past month, have you experienced chest pain when not performing physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you lose balance because of dizziness or do you ever lose consciousness? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you have a bone or joint problem that could be aggravated by a change in your level of physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Is your physician currently prescribing medications for your blood pressure or heart condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Do you know of any other reason why you should not participate in a program of physical activity? |

If you answered yes to any of the above questions, it is recommended that you consult with your physician via phone or in person before having a fitness test or participating in a physical activity program.

II. GENERAL HEALTH HISTORY QUESTIONS

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Have you ever experienced a stroke? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you have diabetes? If yes, are you currently taking any medications or receiving other treatment related to the diabetes? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Do you have asthma or another respiratory condition that causes difficulty with breathing? If yes, please describe. _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you have any orthopedic conditions that would restrict you in performing physical activity? If yes, please describe. _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Have you ever been told by a physician that you have one of the following? (check applicable boxes) <input type="checkbox"/> High blood pressure <input type="checkbox"/> Elevated blood lipids, including cholesterol |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Do you currently smoke? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Have you experienced within the past 6 months back pain or discomfort that prevented you from carrying out normal daily activities? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Are you pregnant? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Do you currently exercise less than one hour per week? If you answered no, please describe your activities: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Are you currently taking any medications that might impact your ability to safely perform physical activity? |



I. ACTIVITY RELEASE AGREEMENT: ADULT

I am voluntarily participating in an athletic or physical activity at ("the club") with full knowledge and understanding and appreciation of the risks of injury inherent in any physical exercise, massage or therapy program, physical activity, or athletic activity and expressly assume all risks of injury and even death, which could occur by reason of my participation. I release the club from any liability and agree not to sue the club with respect to any cause of action for bodily injury, property damage, or death occurring to me as a result of my participation in the activity.

I understand that all personal property brought to the club is brought at my sole risk as to its theft, damage, or loss.

Participant	Witness
Signature _____	Signature _____
Date _____	Date _____
Printed name _____	Printed name _____

II. FOR MEMBERSHIP/ATHLETIC USE ONLY

Category 1 _____ Category 2 _____ Category 3 _____

American College of Sports Medicine. *ACSM's Health/Fitness Facility Standards and Guidelines*, 3rd ed. Champaign, IL: Human Kinetics; 2007. 135-136.



Physician's Statement and Clearance Form

At (your organization), your safety is our primary concern. For that reason, we comply with the health and fitness standards of the American College of Sports Medicine and the International Health, Racquet and Sportsclub Association.

On the Health History Questionnaire you just completed, you identified that you have one or more coronary and/or other medical risk factors that may impair your ability to exercise safely. For this reason, you need to have a physician complete and return this medical clearance form before you can begin exercising at (your organization).

We recognize that you are eager to start your fitness program, and we sincerely regret any inconvenience that this may cause you. However, please keep in mind that we want your exercise experience at (your organization) to be as safe as possible.

In order to expedite this process, we will gladly fax this form directly to the physician of your choice. If the doctor is aware of your medical history, he/she may be able to complete this form and fax it right back to us. In many cases the delay is only one day.

I hereby give my physician permission to release any pertinent medical information from any medical records to the staff at (your organization). All information will be kept confidential.

Patient's signature _____ Date _____

Information requested for _____

Reason for medical clearance _____

Physician's name _____

Phone _____ Fax _____

Address _____

For Physician Use Only

Please check one of the following statements:

____ I concur with my patient's participation with no restrictions.

____ I concur with my patient's participation in an exercise program if he/she restricts activities to:

____ I do not concur with my patient's participation in an exercise program (if checked, the individual will not be allowed to join [your organization]).

Reason _____

Physician's name (type or print) _____

Physician's signature _____ Date _____

Please return fax to: General Manager _____

Phone _____ Fax _____

Reprinted, by permission, from Fitcorp 1990, *Fitcorp program manual* (Boston, MA: Fitcorp).

American College of Sports Medicine. *ACSM's Health/Fitness Facility Standards and Guidelines*, 3rd ed. Champaign, IL: Human Kinetics; 2007. 107.

Agreement and Release of Liability Form

1. In consideration of gaining membership or being allowed to participate in the activities and programs of _____ and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge _____ and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above-mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of _____ or the use of any equipment at _____. (Please initial _____)
2. I understand and am aware that strength, feasibility, and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death. (Please initial _____)
3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any of the activities and programs of _____ or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise and training equipment so that I might have recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given a physician's permission to participate, or that I have decided to participate in activity and/or use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities. (Please initial _____)

Date _____ Signature _____

Note. The law varies from state to state. No form should be adopted or used by any program without individualized legal advice. Reprinted, by permission from D Herbert, 1989, "Avoiding allegations of misrepresentation/fraud in program documents," *The Exercise Standards and Malpractice Reporter* 3(2):30-31. American College of Sports Medicine. *ACSM's Health/Fitness Facility Standards and Guidelines*, 3rd ed. Champaign, IL: Human Kinetics; 2007. 109.

**Informed Consent for Participation in a Personal Fitness
Training Program for Apparently Healthy Adults**
(Without Known or Suspected Heart Disease)

Name _____

1. PURPOSE AND EXPLANATION OF PROCEDURE

I hereby consent to voluntarily engage in an acceptable plan of personal fitness training. I also give consent to be placed in personal fitness training program activities that are recommended to me for improvement of my general health and well-being. These may include dietary counseling, stress management, and health/fitness education activities. The levels of exercise I perform will be based on my cardiorespiratory (heart and lungs) and muscular fitness. I understand that I may be required to undergo a graded exercise test as well as other fitness tests prior to the start of my personal fitness training program in order to evaluate and assess my present level of fitness. I will be given exact personal instructions regarding the amount and kind of exercise I should do. I agree to participate 3 times per week in the formal program sessions. Professionally trained personal fitness trainers will provide leadership to direct my activities, monitor my performance, and otherwise evaluate my effort. Depending on my health status, I may or may not be required to have my blood pressure and heart rate evaluated during these sessions to regulate my exercise within desired limits. I understand that I am expected to attend every session and to follow staff instructions with regard to exercise, diet, stress management, and other health/fitness-related programs. If I am taking prescribed medications, I have already so informed the program staff and further agree to so inform them promptly of any changes my doctor or I make with regard to use of these. I will be given the opportunity for periodic assessment and evaluation at regular intervals after the start of my program.

I have been informed that during my participation in this personal fitness training program, I will be asked to complete the physical activities unless symptoms such as fatigue, shortness of breath, chest discomfort, or similar occurrences appear. At that point, I have been advised that it is my complete right to decrease or stop exercise and that it is my obligation to inform the personal fitness training program personnel of my symptoms. I hereby state that I have been so advised and agree to inform the personal fitness training program personnel of my symptoms, should any develop.

I understand that while I exercise, a personal fitness trainer will periodically monitor my performance and perhaps measure my pulse and blood pressure or assess my feelings of effort for the purposes of monitoring my progress. I also understand that the personal fitness trainer may reduce or stop my exercise program when any of these findings so indicate that this should be done for my safety and benefit.

I also understand that during the performance of my personal fitness training program, physical touching and positioning of my body may be necessary to assess my muscular and bodily reactions to specific exercises, as well as ensure that I am using proper technique and body alignment. I expressly consent to the physical contact for these reasons.

2. RISKS

I understand and have been informed that there exists the remote possibility of adverse changes occurring during exercise including, but not limited to, abnormal blood pressure, fainting, dizziness, disorders of heart rhythm, and very rare instances of heart attack, stroke, or even death. I further understand and I have been informed that there exists the risk of bodily injury including, but not limited to, injuries to the muscles, ligaments, tendons, and joints of the body. I have been told that every effort will be made to minimize these occurrences by proper staff assessments of my condition before each exercise session, by staff supervision



during exercise, and by my own careful control of exercise efforts. I fully understand the risks associated with exercise, including the risk of bodily injury, heart attack, stroke, or even death, but knowing these risks, it is my desire to participate as herein indicated.

3. BENEFITS TO BE EXPECTED AND AVAILABLE ALTERNATIVES TO EXERCISE

I understand that this program may or may not benefit my physical fitness or general health. I recognize that involvement in the exercise sessions and personal fitness training sessions will allow me to learn proper ways to perform conditioning exercises, use fitness equipment, and regulate physical effort. These experiences should benefit me by indicating how my physical limitations may affect my ability to perform various physical activities. I further understand that if I closely follow the program's instructions, I will likely improve my exercise capacity and fitness level after a period of 3 to 6 months.

4. CONFIDENTIALITY AND USE OF INFORMATION

I have been informed that the information obtained in this personal fitness training program will be treated as privileged and confidential and will consequently not be released or revealed to any person without my express written consent. I do, however, agree to the use of any information that is not personally identifiable with me for research and statistical purposes so long as same does not identify me or provide facts that could lead to my identification. I also agree to the use of any information for the purpose of consultation with other health/fitness professionals, including my doctor. Any other information obtained, however, will be used by the program staff in the course of prescribing exercise for me and evaluating my progress in the program.

5. INQUIRIES AND FREEDOM OF CONSENT

I have been given an opportunity to ask certain questions as to the procedures of this program. Generally, these requests have been noted by the interviewing staff with his/her responses as follows:

I further understand that there are also other remote risks that may be associated with this personal fitness training program. Despite the fact that a complete accounting of all these remote risks has not been provided to me, it is still my desire to participate.

I acknowledge that I have read this document in its entirety or that it has been read to me if I have been unable to read same.

I expressly consent to the rendition of all services and procedures as explained herein by all program personnel.

Date _____

Client's signature

By _____
Authorized representative

Note. The law varies from state to state. No form should be adopted or used by any program without individualized legal advice.

Reprinted, by permission from B.E. Koeberle, 1998, *Legal aspects of personal fitness training*, second edition (Canton, OH: Professional Reports Corporation), 146-150.
American College of Sports Medicine. *ACSM's Health/Fitness Facility Standards and Guidelines*, 3rd ed. Champaign, IL: Human Kinetics; 2007. 111-112.

**Informed Consent for Exercise Testing
of Apparently Healthy Adults**
(Without Known or Suspected Heart Disease)

Name _____

1. PURPOSE AND EXPLANATION OF TEST

I hereby consent to voluntarily engage in an exercise test to determine my circulatory and respiratory fitness. I also consent to the taking of samples of my exhaled air during exercise to properly measure my oxygen consumption. I also consent, if necessary, to have a small blood sample drawn by needle from my arm for blood chemistry analysis and to the performance of lung function and body fat (skinfold pinch) tests. It is my understanding that the information obtained will help me evaluate future physical activities and sports activities in which I may engage.

Before I undergo the test, I certify to the program that I am in good health and have had a physical examination conducted by a licensed medical physician within the last _____ months. Further, I hereby represent and inform the program that I have completed the pretest history interview presented to me by the program staff and have provided correct responses to the questions as indicated on the history form or as supplied to the interviewer. It is my understanding that I will be interviewed by a physician or other person prior to my undergoing the test who will in the course of interviewing me determine if there are any reasons which would make it undesirable or unsafe for me to take the test. Consequently, I understand that it is important that I provide complete and accurate responses to the interviewer and recognize that my failure to do so could lead to possible unnecessary injury to myself during the test.

The test I will undergo will be performed on a motor-driven treadmill or bicycle ergometer with the amount of effort gradually increasing. As I understand it, this increase in effort will continue until I feel and verbally report to the operator any symptoms such as fatigue, shortness of breath, or chest discomfort which may appear. It is my understanding and I have been clearly advised that it is my right to request that a test be stopped at any point if I feel unusual discomfort or fatigue. I have been advised that I should immediately upon experiencing any such symptoms, or if I so choose, inform the operator that I wish to stop the test at that or any other point. My wishes in this regard shall be absolutely carried out.

It is further my understanding that prior to beginning the test, I will be connected by electrodes and cables to an electrocardiographic recorder, which will enable the program personnel to monitor my cardiac (heart) activity. It is my understanding that during the test itself, a trained observer will monitor my responses continuously and take frequent readings of blood pressure, the electrocardiogram, and my expressed feelings of effort. I realize that a true determination of my exercise capacity depends on progressing the test to the point of my fatigue.

Once the test has been completed, but before I am released from the test area, I will be given special instructions about showering and recognition of certain symptoms that may appear within the first 24 hours after the test. I agree to follow these instructions and promptly contact the program personnel or medical providers if such symptoms develop.

2. RISKS

I understand and have been informed that there exists the possibility of adverse changes during the actual test. I have been informed that these changes could include abnormal blood pressure, fainting, disorders of heart rhythm, stroke, and very rare instances of heart attack or even death. I have been told that every effort will be made to minimize these occurrences by preliminary examination and by precautions and



observations taken during the test. I have also been informed that emergency equipment and personnel are readily available to deal with these unusual situations should they occur. I understand that there is a risk of injury, heart attack, or even death as a result of my performance of this test, but knowing those risks, it is my desire to proceed to take the test as herein indicated.

3. BENEFITS TO BE EXPECTED AND AVAILABLE ALTERNATIVES TO THE EXERCISE TESTING PROCEDURE

The results of this test may or may not benefit me. Potential benefits relate mainly to my personal motives for taking the test, that is, knowing my exercise capacity in relation to the general population, understanding my fitness for certain sports and recreational activities, planning my physical conditioning program, or evaluating the effects of my recent physical activity habits. Although my fitness might also be evaluated by alternative means, for example, a bench step test or an outdoor running test, such tests do not provide as accurate a fitness assessment as the treadmill or bike test nor do those options allow equally effective monitoring of my responses.

4. CONFIDENTIALITY AND USE OF INFORMATION

I have been informed that the information obtained in this exercise test will be treated as privileged and confidential and will consequently not be released or revealed to any person without my express written consent. I do, however, agree to the use of any information for research or statistical purposes so long as same does not provide facts that could lead to my identification. Any other information obtained, however, will be used only by the program staff to evaluate my exercise status or needs.

5. INQUIRIES AND FREEDOM OF CONSENT

I have been given an opportunity to ask certain questions as to the procedures. Generally these requests, which have been noted by the testing staff, and their responses are as follows:

I further understand that there are also other remote risks that may be associated with this procedure. Despite the fact that a complete accounting of all these remote risks has not been provided to me, I still desire to proceed with the test.

I acknowledge that I have read this document in its entirety or that it has been read to me if I have been unable to read same.

I consent to the rendition of all services and procedures as explained herein by all program personnel.

Date _____

Participant's signature

Witness' signature

Test supervisor's signature

Note. The law varies from state to state. No form should be adopted or used by any program without individualized legal advice.
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American College of Sports Medicine. *ACSM's Health/Fitness Facility Standards and Guidelines*, 3rd ed. Champaign, IL: Human Kinetics; 2007. 113-114.