HEALTH HISTORY FORM

10360 West 70th Street
Eden Prairie, Minnesota 55344

Name: ____________________ Date: __________
Address: ____________________
Phone: ____________________
email adress ____________________

HEALTH REPORT

Emergency Contact: ____________________ Phone: (   ) __________
Doctor's Name: ____________________ Phone: (   ) __________

1) Are you Currently taking any medication? ☐ Yes ☐ No
   Type: __________ Reason: __________
   Type: __________ Reason: __________
   Type: __________ Reason: __________

2) Do you have or have you ever had any of the following conditions?

CONDITION		DESCRIPTION
Heart Attack	☐ Yes ☐ No	
Stroke	☐ Yes ☐ No	
Chest Pain	☐ Yes ☐ No	
Hypertension	☐ Yes ☐ No	
Diabetes	☐ Yes ☐ No	
Cancer	☐ Yes ☐ No	
High Cholesterol	☐ Yes ☐ No	
Hernia	☐ Yes ☐ No	
Arthritis	☐ Yes ☐ No	
Thyroid	☐ Yes ☐ No	
Anemia	☐ Yes ☐ No	
Other	☐ Yes ☐ No	

3) Have you ever been injured in any of the following areas?

BODY PART		DESCRIPTION	WHEN?
Neck	☐ Yes ☐ No		
Shoulders	☐ Yes ☐ No		
Arms	☐ Yes ☐ No		
Abdomen	☐ Yes ☐ No		
Back	☐ Yes ☐ No		
Legs	☐ Yes ☐ No		

4) Are you currently under the care of a physician for any reason at all?
   ☐Yes ☐ No If Yes, explain____________________
5) Do you smoke cigarettes? ☐ Yes ☐ No. If yes, how much?____________________
6) Do you know of any physical condition that you have that could be aggravated by exercising or exerting yourself?
   ☐ Yes ☐ No If Yes, explain____________________
7) Are you taking any medication which could cause a reaction while exercising?
   Yes ☐ No If Yes, Explain____________________
8) Does your doctor know that you are beginning a new exercise program? ☐ Yes ☐ No
9) If your doctor knows that you are going to begin a new exercise program, does he/she object? ☐ Yes ☐ No If Yes, why?____________________

RELEASE

I know of no physical or medical condition which I, or my Doctor, feel could be aggravated by my using the equipment and facilities or, participating in activities sponsored by this club. I agree to advise club management in writing if any of the above information changes or if my Doctor advises me to stop, reduce, or otherwise adjust my exercise regimen at the club. I will advise club management immediately if I injure myself in anyway while on club property. The information I have given on this form is, to the best of my knowledge, complete and accurate.

Signature____________________ Date: ____________________ **(Form #6A)**

This document is a sample and should not be taken as legal advice.