



# Medical Health Questionnaire

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Regular physical activity is fun and healthy, and more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they become more physically active.

If you plan to become much more physically active than you are now, start by answering the questions below. If you are between 15-69 years of age, the questionnaire will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: Check YES or NO

## QUESTIONS:

YES NO

- |     |  |                          |                          |
|-----|--|--------------------------|--------------------------|
| 1.  | Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.  | Do you feel pain in your chest when you do physical activity?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.  | In the past month, have you had chest pain when you were not doing physical activity?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.  | Do you lose your 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 made worse by a change in your physical activity?.....                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.  | Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?.....                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.  | Do you have diabetes?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.  | Do you have a history of sudden death in your family? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.  | Is your body mass index above 35?..... (See table on back.)  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | Do you know of any other reason why you should not do physical activity?.....  | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered **YES** to one or more of these questions... you will need medical clearance **BEFORE** you increase your physical activity and **BEFORE** you have a fitness appraisal. Tell your doctor about the questionnaire and which questions you answered **YES**.

- You may be able to do any activity you want – as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

If you answered **NO** honestly to all the questions, you can be reasonably sure that you can:

- Start increasing your physical activity - begin slowly and build up gradually. This is the safest and easiest way to go.
- Take part in a fitness appraisal- this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

### **Delay becoming much more active:**

- If you are not feeling well because of a temporary illness such as a cold or fever- wait until you feel better; or
- If you are or may be pregnant – talk to your doctor before you start increasing your physical activity.

Please note: If your health changes so that you can answer **YES** to any of the above questions, tell you fitness or health professional. Ask whether you should change you physical activity plan.

**BMI Table**

Height	Weight (lb)																					
	120	130	140	150	160	170	180	190	200	210	220	230	240	250	260	270	280	290	300	310	320	330
4'5"	30	33	35	38	40	43	45	48	50	53	55	58	60	63	65	68	70	73	75	78	80	83
4'6"	29	31	34	36	39	41	43	46	48	51	53	56	58	60	63	65	68	70	72	75	77	80
4'7"	28	30	33	35	37	40	42	44	47	49	51	54	56	58	61	63	65	68	70	72	75	77
4'8"	27	29	31	34	36	38	40	43	45	47	49	52	54	56	58	61	63	65	67	70	72	74
4'9"	26	28	30	33	35	37	39	41	43	46	48	50	52	54	56	59	61	63	65	67	69	72
4'10"	25	27	26	31	34	36	38	40	42	44	46	48	50	52	54	57	59	61	63	65	68	69
4'11"	24	26	28	30	32	34	36	38	40	43	45	47	49	51	53	55	58	59	64	63	65	67
5'0"	23	25	27	29	31	33	35	37	39	41	43	45	47	49	51	53	55	57	59	61	63	65
5'1"	23	25	27	28	30	32	34	36	38	40	42	44	45	47	49	51	53	55	58	59	61	62
5'2"	22	24	26	27	19	31	33	35	37	38	40	42	44	46	48	49	51	53	55	57	59	60
5'3"	21	23	25	27	28	30	32	34	36	37	39	41	43	44	46	48	50	51	53	55	57	59
5'4"	21	22	24	26	28	29	31	33	34	36	38	40	41	43	45	46	48	50	52	53	55	57
5'5"	20	22	23	25	27	28	30	32	33	35	37	38	40	42	43	45	47	48	50	52	53	55
5'6"	19	21	23	24	26	27	29	31	32	34	36	37	39	40	42	44	45	47	49	50	52	53
5'7"	19	20	22	24	25	27	28	30	31	33	35	36	38	39	41	42	44	46	47	49	50	52
5'8"	18	20	21	23	24	26	27	29	30	32	34	35	37	38	40	41	43	44	46	47	49	50
5'9"	18	19	21	22	24	25	27	28	30	31	33	34	36	37	38	40	41	43	44	46	47	49
5'10"	17	19	20	22	23	24	26	27	29	30	32	33	35	36	37	39	40	42	43	45	46	47
5'11"	17	18	20	21	22	24	25	27	28	29	31	32	34	35	36	38	39	41	42	43	45	46
6'0"	16	18	19	20	22	23	24	26	27	29	30	31	33	34	35	37	38	39	41	42	43	45
6'1"	16	17	19	20	21	22	24	25	26	28	29	30	32	33	34	36	37	38	40	41	42	44
6'2"	15	17	18	19	21	22	23	24	26	27	28	30	31	32	33	35	36	37	39	40	41	42
6'3"	15	16	18	19	20	21	23	24	25	26	28	29	30	31	33	34	35	36	38	39	40	41
6'4"	15	16	17	18	20	21	22	23	24	26	27	28	29	30	32	33	34	35	37	38	39	40
6'5"	14	15	17	18	19	20	21	23	24	25	26	27	29	30	31	32	33	34	36	37	38	39
6'6"	14	15	16	17	19	20	21	22	23	24	25	27	28	29	30	31	32	34	35	36	37	38
6'7"	14	15	16	17	18	19	20	21	23	24	25	26	27	28	29	30	32	33	34	35	36	37
6'8"	13	14	15	17	18	19	20	21	22	24	24	25	26	28	29	30	31	32	33	34	35	36
6'9"	13	14	15	16	17	18	19	20	21	23	24	25	26	27	28	29	30	31	32	33	34	35
6'10"	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	34	35

11. Person to be contacted in case of emergency: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

12. Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

How did you hear about us?

- previous Cardiac Rehabilitation patient
- previous Pulmonary Rehabilitation patient
- previous Physical Therapy patient
- previous Aquatic Physical Therapy patient
- previous Occupational Therapy patient
- Wellness Center ads or promotions
- other: \_\_\_\_\_

I understand this Medical History Questionnaire serves as a preliminary screening resource to assist professionals to determine member's risk to exercise. If the information above indicates an increased risk for exercise, I need to contact my physician for approval and recommendations for my exercise program. If I am at risk and have not received medical clearance, I understand I cannot engage in any exercise tests or receive recommendations from any staff member. If I choose to use the facility despite the risk, I may seek only operational advice from the staff. I agree that the facility shall not be liable for any injuries or damages arising from the use of the facility. If member is under 18 years of age, this consent must be signed by a Parent/Guardian.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_