



Medical History Form

Four Seasons Fitness Studio

(Confidential when completed)

Name: _____

Date: _____

Gender: M F

Person to contact in case of emergency: _____

Relation: _____

Phone Number: _____

Does your physician know you are participating in an exercise program? Y N

Physician's Name: _____ Phone Number: _____

Are you now, or have you been pregnant in the last three months? Y N

Do you have any allergies? Y N If so, what? _____

Please list medications that you are presently taking: _____

What regular physical activity do you presently do? _____

Please indicated whether you have any of the following conditions:

Condition		Y	N	Condition		Y	N
1	Chronic or recurrent illness?			12	History of lung problems?		
2	History of heart problems?			13	Do you smoke cigarettes? If yes, how much?		
3	Chest pain at rest or during exertion?			14	Diabetes?		
4	Shortness of breath?			15	Asthma?		
5	Experienced uneven, irregular or skipped heartbeats?			16	Are you obese (more than 30% over weight)?		
6	High blood pressure?			17	Anorexia or bulimia?		
7	Episodes of dizziness, seizures, or convulsions?			18	Any recent surgery?		
8	Have you ever fainted?			19	Muscle, back, or joint disorder that would be aggravated by physical activity?		
9	Heart disease present in family?			20	Been diagnosed with mononucleosis?		
10	High blood cholesterol?			21	Had difficulty with physical exercise?		
11	Been told that a family member died suddenly or had a heart attack at an early age?			22	Other? Describe...		

Please read the following carefully, then sign and date the form.

Although fitness program participation is relatively safe for most apparently healthy individuals under the age of 45, the reaction of the cardiovascular system to increased levels of physical activity cannot be predicted. Consequently, there is a small but real risk of certain changes occurring during exercise participation. It is therefore of great importance that you have answered all questions honestly. Understand that exercise may be contraindicated for some of the conditions listed above, others may simply require special consideration.

If any of the above medical conditions on the form apply, you should consult your physician before beginning an exercise program. You should also promptly report to your instructor any exercise-related abnormalities that you may experience during your membership.

I HAVE READ THE ABOVE AND UNDERSTAND THAT HEALTH PROBLEMS MAY AFFECT MY ABILITY TO PARTICIPATE IN THIS CLASS.

Signature: _____

Date: _____