



PRINCETON UNIVERSITY
Personal Training

MEDICAL HISTORY QUESTIONNAIRE

Name: _____ Date: _____

Gender: _____ Date of Birth: _____ Height: _____ Weight: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____ (H) (_____) _____ (W)

E-mail Address: _____@_____

Circle One: Faculty/Staff Student Grad Student Spouse Alum Non-University

Do you have a current or past history of . . .

- | | | |
|--|--|--|
| <input type="checkbox"/> heart disease | <input type="checkbox"/> breathlessness | <input type="checkbox"/> epilepsy |
| <input type="checkbox"/> heart attack | <input type="checkbox"/> stroke | <input type="checkbox"/> diabetes |
| <input type="checkbox"/> heart surgery | <input type="checkbox"/> respiratory problems | <input type="checkbox"/> cancer |
| <input type="checkbox"/> irregular heartbeat | <input type="checkbox"/> smoking | <input type="checkbox"/> joint pain/problems |
| <input type="checkbox"/> chest pain/discomfort | <input type="checkbox"/> hypertension (>140/90) | <input type="checkbox"/> surgery |
| <input type="checkbox"/> dizziness or fainting | <input type="checkbox"/> high cholesterol (>240) | <input type="checkbox"/> other: _____ |

Explain: _____

Previous/current injuries: _____

List any prescription medications that are taken as well as the reason for doing so.

Medication: _____ Reason: _____

Medication: _____ Reason: _____

Medication: _____ Reason: _____

Medication: _____ Reason: _____

Please read the following seven questions carefully and answer each one honestly. Check (✓) yes or no in the appropriate box to the left of each question.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has a physician ever said that you have a heart condition and recommended only medically supervised activity?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you have chest pain that's brought on by physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. Have you developed chest pain in the past month?
<input type="checkbox"/>	<input type="checkbox"/>	4. Have you on one or more occasions lost consciousness or fallen over as a result of dizziness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem that could be aggravated by the proposed physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Has a physician ever recommended medication for your blood pressure or a heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Are you aware, through your own experience or a physician's advice, of any other reason that would prohibit you from exercising without medical supervision?

Reference: Balady, GJ, B Chaitman, D Driscoll et al. 1998. Recommendations for cardiovascular screening, staffing, and emergency policies at health/fitness facilities. *Circulation* 97 (22): 2283-2293.

Answering "yes" to any of these seven questions will require a Physician's Clearance Form before participation in personal training can begin.

Note: According to the American College of Sports Medicine and the American Heart Association, men over the age of 45 and women over the age of 55 should consult with their physician before initiating a fitness program if one or more cardiovascular risk factors are present. This includes smoking (or having quit in the previous six months); high blood pressure (greater than 140/90); high cholesterol (greater than 200); family history of heart attack or heart surgery; physical inactivity; or overweight (by more than 20 pounds).

I acknowledge that I have read this Medical History Questionnaire in its entirety and have responded accurately, completely and to the best of my knowledge. Any questions that I have regarding the items on this questionnaire were answered to my satisfaction. I understand that I may be required to provide a Physician's Clearance Form before I can begin participation. I also understand that I am responsible for informing the fitness staff of any change that ever occurs in my health status.

Participant's Signature

Date

Witness's Signature

Program Supervisor's Signature