



Health History Form

Name _____ Date _____
 Age _____ Birthday _____ Phone# _____
 Emergency Contact _____ Phone# _____
 Physician's Name _____

Are you taking any medications? If so, please list medication, dose and reason.

Do you currently have or have you had any of the following? Y/N

- ___ Heart attack, coronary bypass, cardiac surgery, stroke (please circle)
- ___ High Blood Pressure or Low Blood Pressure
- ___ Recent illness, hospitalization or surgical procedure (in the last 12 months)
- ___ Abnormal resting or stress EKG
- ___ Uneven, irregular or skipped heart beats
- ___ High blood cholesterol
- ___ Pulmonary disease (asthma, emphysema, bronchitis)
- ___ Family history of heart disease or heart attack prior to age 55
- ___ Diabetes or Thyroid condition (please circle)
- ___ Are you pregnant or could be pregnant at this time
- ___ Phlebitis emboli
- ___ Chest pain at rest or exertion
- ___ Shortness of breath
- ___ Dizziness or fainting
- ___ Osteoporosis
- ___ Back, neck, knees, hips, or other orthopedic problems
- ___ Cigarette smoking
- ___ Emotional disorders

Are you currently being treated for any other medical conditions (please explain)

I have answered Kim's CoreFit Health History Questionnaire accurately and completely. I understand that any information that I have withheld by me may result in serious injury for myself. If any of the above conditions change, I will immediately inform my trainer of those changes. I knowingly and willingly, assume all responsibility for my health and any resultant injury or mishap that may affect my well being or health in any way. I hold harmless of any responsibility the personal trainer, Kim's CoreFit or any person involved with this exercise program or testing procedures.

Signature _____ Date _____