



Health History Form

Name _____ Date _____

Age ____ Birthday _____ Phone # _____

Emergency Contact _____ Phone # _____

Physician's name _____ Phone # _____

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
