

## Health History

Have you ever been diagnosed with Cardiovascular, Pulmonary or Metabolic Disease? Yes or No

If yes, please list condition(s) \_\_\_\_\_

*I may require your physician to sign a medical release prior to start your exercise program:*

Have you experienced any of the following?

- Angina (Chest Pain / Discomfort)
- Intermittent Claudication (Tightness or Cramping in LE)
- Ischemia (Cramping)
- Heart Murmur
- Unusual Shortness of Breath
- Dizziness (Fainting)
- Palpitations
- Ankle Edema (Swelling)
- Tachycardia (Rapid HR)
- Orthopnea (Shortness of Breath while lying down)
- Unusual Fatigue
- Nocturnal Dyspnea (Shortness of Breath while sleeping)

Have you smoke at all in the last 6months?

Blood Pressure:

Total Cholesterol:

Taking any medications:

Any other limitations that may prevent you from participating in an exercise program?

Any recent hospitalizations or unscheduled doctor's appointment?

What is your current workout routine?

I, hereby agree that the above information is true and accurate to the best of my knowledge. Also, I understand that while exercise had many benefits, it also has inherent risks.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

The information that you have provided is private and is for training purpose only.