Health History Questionnaire

This questionnaire has been developed in an effort to keep your exercise experience safe. Please answer the following questions as accurately as you can. Many conditions and medications can affect your health while exercising. Your responses will be treated in a confidential manner. We recommend you check with your physician before starting an exercise program.

Name: ______________________________ ________________ ____
First *Middle* *Last*

Gender: ☐ Male ☐Female D.O.B: ____/ ____/ ____ Age: _____ Height: ________ Weight: ________

Address: _____________________________________ City/State/Zip Code: ___________________________

Phone - Home: ___________________ Work: ______________________ Cell: ________________________

E-mail address: ____

In case of emergency, contact: ___________________________________ Phone: ________________________

Doctor's name: ____ Phone: _________________________

Date of last physical:_______/______/______ Date of Stress Test: (if performed) ______/______/______

Medical History and Current Symptoms(do you now or have you had in the past)		
☐ Yes	☐ No	Heart problems: heart attack, bypass, angioplasty, stent, angina
☐ Yes	☐ No	Heart failure
☐ Yes	☐ No	Stroke or TIA
☐ Yes	☐ No	Blockage in artery to: legs, neck or kidney
☐ Yes	☐ No	Chest pain, heaviness, tightness or burning (angina)
☐ Yes	☐ No	Dizziness or fainting (syncope)
☐ Yes	☐ No	Unusual fatigue or shortness of breath (dyspnea) at rest or with normal activity
☐ Yes	☐ No	Pain or tightness in hips or calves with walking (claudication)
☐ Yes	☐ No	Diabetes. If yes, what type:
☐ Yes	☐ No	Seizure disorder
☐ Yes	☐ No	Breathing or lung problems
Other Symptoms (please answer all questions)		
☐ Yes	☐ No	Pregnancy (now or within the last 3 months)
☐ Yes	☐ No	Recent surgery or any other condition that might hinder you from exercise
☐ Yes	☐ No	Thyroid problems
☐ Yes	☐ No	Muscle, joint or back problems
☐ Yes	☐ No	Mental/nervous disorder
☐ Yes	☐ No	Current cigarette smoker or quit within the last 6 months
☐ Yes	☐ No	High blood pressure (140/90 or higher) or taking medicine to lower blood pressure
☐ Yes	☐ No	High blood cholesterol (240 or higher) or taking medicine to lower cholesterol level
☐ Yes	☐ No	Family history of early heart disease (father/mother/brother/sister before age 60)
☐ Yes	☐ No	Excess Weight ("20 extra pounds" especially around the waist)
☐ Yes	☐ No	Other symptoms not listed:

Summary explanation of health history (if needed) ____
____

Physical activities I enjoy are ____

My health goal(s) is/are ____

I do understand that there is a risk of injury associated with participation in the PATH Exercise Program and I certify that I am in good physical condition and have no disabilities that hamper my participation. I do hereby assume full responsibility for any and all damages, injuries, or losses that I may sustain or incur, if any, while attending or participating in any PATH Exercise Programs. I hereby waive all claims against the YMCA of Greenville, GHS Life Centers, its instructors, or partners of said program, individually, or otherwise, for any and all claims for injuries or damages that I might sustain. I certify that all of the information provided on this application is correct and true.
Your signature authorizes a YMCA/Life Center staff member to obtain a medical clearance from your physician, if necessary.
It is the responsibility of the member to update this form on a yearly basis and to notify a fitness specialist of any changes.

Signature ____ **Date** ___________________________

ALL PARTICIPANTS MUST SIGN. PARENT OR GUARDIAN MUST SIGN IF THE PARTICIPANT IS UNDER 18.

Code of Conduct:

The Life Center Health & Conditioning Club and the YMCA strive to provide a safe and enjoyable environment to all our members and guests. Respectful and mature behavior is expected at all times. Inappropriate behavior may result in suspension or termination of membership privileges. Management reserves the right to terminate members for non-payment of membership dues, for inappropriate behavior or other reasons as determined at the sole discretion of the YMCA and or Life Center Health & Conditioning Club staff. To ensure the comfort and safety of everyone, we have set forth the following expectations for all individuals who use the facility.
Behaviors that violate the Life Center Health & Conditioning Club and YMCA include, but are not limited to:

- **Any acts of violence;**
- **Smoking or illegal drug use in or outside the YMCA or Life Center Health & Conditioning Club property;**
- **Use of vulgar language, swearing, name-calling or shouting;**
- **Harassment or intimidation by words, gestures, body movement or menacing behavior;**
- **Possession of any items that can be used as a weapon or as a threat to others;**
- **Careless use or destruction of YMCA or Life Center Health & Conditioning Club property or the property of others;**
- **Usage of the YMCA or Life Center Health & Conditioning Club facility while under the influence of illegal drugs or alcohol;**
- **Disrespect or disregard for others.**

Signature _______________________________________

Witness ____________________________ **Date** ________