

BIGFORK FITNESS CENTER
Medical History Questionnaire



MEMBER INFORMATION:

Member's Full Name

_____ Gender: Male Female NA

Date of Birth

Medical Provider - Physician and Clinic Name

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you feel pain in your chest when you do physical activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. In the past month, have you had chest pain when you were NOT doing physical activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is your doctor currently prescribing medication for your blood pressure or heart condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you lose your balance because of dizziness or have you ever lost consciousness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you have a bone or joint problem that could be made worse by a change in your physical activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you know of any other reason why you should NOT do physical activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "Yes" to one or more of the above questions, consult with your physician before engaging in physical activity. Tell your physician which questions you answered "Yes" to. After a medical evaluation, seek advice from your physician on what type of activity is suitable for your current condition.