



Health History Questionnaire

Name of Participant _____ Birth Date _____

Street address _____ City, State, ZIP _____

Home phone _____ E-mail address _____

Cell phone _____ Office phone _____

Physician's name _____ Physician's phone _____

Participant Signature _____

Name of Spouse _____ Spouse Signature _____

Date _____

Many health benefits are associated with regular exercise and the completion of this questionnaire is a sensible first step before undertaking an exercise program. This questionnaire is also a requirement of Homestead Court Club in order to satisfy one of our basic standards for IHRSA, our certifying organization.

Common sense is your best guide in answering these few questions. Please read them carefully and check the correct answer opposite the question.

	YES	SPOUSE	NO	SPOUSE
Has your doctor ever said that you have heart trouble?	_____	_____	_____	_____
Do you frequently have pains in your heart or chest?	_____	_____	_____	_____
Do you often feel faint or have spells of severe dizziness?	_____	_____	_____	_____
Has your doctor ever said that your blood pressure is too high?	_____	_____	_____	_____
Has your doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise or might be made worse by exercise?	_____	_____	_____	_____
Is there a good physical reason not mentioned here why you should not follow an active program even if you wanted to?	_____	_____	_____	_____
Are you over age 65 and not accustomed to vigorous exercise?	_____	_____	_____	_____

If you answered yes to one or more of these questions, consult your physician before increasing your physical activity.

What activity/activities do you plan to do most at the club?
