

MCGREGOR COMMUNITY FITNESS CENTER

Medical History Questionnaire

(CONFIDENTIAL - will be kept on file with the school nurse)

Name _____ M _____ F _____ Age _____ Birth Date _____

Address _____ City _____ Zip _____

Phone # (day) _____ Phone # (evening) _____

Personal Physician _____ Clinic _____ Phone _____

Emergency contact _____ Emergency Number _____

1) Have you ever had any of the following?

____ Orthopedic Problems
____ High Blood Pressure
____ Thyroid Problems
____ Irregular Heart Beat
____ Ataxia (balance issue)
____ Are you pregnant?

____ Asthma
____ Diabetes (non-insulin dependent)
____ Cancer
____ Mitral Valve Prolapse
____ Heart Murmur
____ Other (explain) _____

Any of the following conditions will require a physicians clearance prior to participating in any activities at the McGregor Community Fitness Center

____ Cardiac Problems (explain) _____
____ Stroke
____ Diabetes (insulin dependent)
____ Multiple Sclerosis
____ Thrombophlebitis (inflammation of vein walls)

____ Traumatic head or spinal cord injury
____ Aneurysm
____ Epilepsy/Seizures
____ Emphysema
____ Embolism (blood clot in artery)

2) Please explain each item checked and any medication taken: _____

3) Is there any reason not mentioned previously, why you should not participate in an exercise program?

4) Have you been participating in a regular exercise program? _____

I hereby consent to voluntarily engage in the exercise sessions provided by the McGregor Community Fitness Center and assume all risks of participation in any of the activities offered. Before I undergo the sessions, I certify to the McGregor Community Fitness Center that I am in good health.

Signature _____ Date _____ MCFC Staff Witness _____

Parent/Gurardian signature if under 18 _____