Rowdy U

Health History Form

Date: ____________________________________________

Name: ____________________________________________Age: ____________

Emergency Contact Name & Number:
______________________________________________________________

Resting Blood Pressure: _______/___________

Resting Heart Rate: _____________ bpm

Past & Present Personal Health History (check all that apply)

_____ Disease of the heart & arteries  _____ Abnormal electrocardiogram ECG
_____ High Blood Pressure  _____ Angina pectoris (chest pain)
_____ Epilepsy  _____ Stroke
_____ Anemia  _____ Abnormal chest x-ray
_____ Cancer  _____ Asthma
_____ Other lung diseases  _____ Orthopedic or muscular problems
_____ Diabetes

If any questions are checked, please explain further and indicate any recommendations your doctor has made regarding exercise.

Level of Physical Activity

Yes _____ No _____ Are you currently involved in a regular aerobic exercise program such as walking, jogging, cycling, swimming, step aerobics, etc?

Yes _____ No _____ Are currently participating in weight training?

Yes _____ No _____ Do you perform stretching exercises on a regular basis?

What best describes your level of physical activity during the past 4-6 weeks?

_____ Very Active
_____ Moderately Active
_____ Occasionally Active
_____ Inactive