



AHA/ACSM Health/Fitness Facility Pre-participation Screening Questionnaire (Medical History Form)

Check all that apply

History- You have had:

- | | | |
|---|---|--|
| <input type="checkbox"/> a heart attack | <input type="checkbox"/> heart valve disease | <input type="checkbox"/> heart surgery |
| <input type="checkbox"/> heart failure | <input type="checkbox"/> cardiac catheterization | <input type="checkbox"/> heart transplantation |
| <input type="checkbox"/> coronary angioplasty (PTCA) | <input type="checkbox"/> congenital heart disease | |
| <input type="checkbox"/> pacemaker/implantable cardiac defibrillator, or rhythm disturbance | | |

Symptoms:

- You experience chest discomfort with exertion.
- You experience unreasonable breathlessness.
- You experience dizziness, fainting, or blackouts.
- You take heart medications

If you marked any of these statements in this section, consult your physician or other appropriate health care provider before engaging in exercise. You may need to use a facility with a medically qualified staff.

Other Health Issues:

- You have diabetes
- You have asthma or other lung disease.
- You have burning or cramping sensation in your lower legs when walking short distances.
- You have musculoskeletal problems that limit your physical activity.
- You have concerns about safety of exercise
- You take prescription medication(s).
- You are pregnant.

Cardiovascular Risk Factors

- | | |
|--|--|
| <input type="checkbox"/> You are a man older than 45 years. | <input type="checkbox"/> You smoke, or quit smoking within the previous 6 months |
| <input type="checkbox"/> You are a woman older than 55 years, have had a hysterectomy, or are postmenopausal. | |
| <input type="checkbox"/> Your blood pressure is >140/90mmHg. | <input type="checkbox"/> You do not know your blood pressure. |
| <input type="checkbox"/> You take blood pressure medication. | <input type="checkbox"/> Your blood cholesterol level is >200mg/dl. |
| <input type="checkbox"/> You do not know your cholesterol level. | <input type="checkbox"/> You are >20 pounds overweight |
| <input type="checkbox"/> You have a close blood relative who had a heart attack or heart surgery before age 55 (father or brother) or age 65 (mother or sister). | |
| <input type="checkbox"/> You are physically inactive (i.e., you get <30 minutes of physical activity on at least 3 days per week.) | |

If you marked two or more of the statements in this section you should consult your physician or other appropriate health care provider before engaging in exercise. You might benefit from using a facility with a professionally qualified exercise staff to guide your exercise program.

None of the above

You should be able to exercise safely without consulting your physician or other appropriate health care provider.



Agreement and Release of Liability

1. In consideration of being allowed to participate in the activities and programs of Kearns Oquirrh Park Fitness Center and to use its facilities, equipment and machinery, in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge Kearns Oquirrh Park Fitness Center and its directors, officers, agents, employees, representatives, successors and assigns, administrators, executors, and all others from any and all responsibilities or liability from injuries or damages resulting from my participation in any activities or my use of facilities, equipment or machinery in above mentioned activities. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the ordinary negligence of the program or any its agents due to any such ordinary negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of Personal Training or the use of any facilities/equipment or machinery at Kearns Oquirrh Park Fitness Center. I acknowledge and understand that this release is given in advance of any injury or damage to me and that it includes injury or damage to me caused by the ordinary negligence of those released hereby but not from any claims related to gross negligence or willful/wanton/criminal/intentional conduct or acts of those who are otherwise released hereby.

IF YOU UNDERSTAND AND AGREE, PLEASE INITIAL _____.

2. I understand and am aware that strength, flexibility and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve risk of injury and even death, and that I am voluntarily participating in these activities and using facilities, equipment and machinery with knowledge of the dangers involved. I hereby to expressly assume and accept any and all risks of injury or death.

IF YOU UNDERSTAND AND AGREE, PLEASE INITIAL _____.

3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise and use of exercise and training equipment so that I might have his recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in activity and use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

IF YOU UNDERSTAND AND AGREE, PLEASE INITIAL _____.

This agreement shall be binding upon the undersigned, his/her heirs, executors, administrators and assigns.

Date _____ Signature _____