



Medical History & Health Habits Medical Disclosure Form

(Required to be completed and be on file for Members of all ages)

Member Name: _____

Sex: Male Female Age: _____ Smoke? No Yes How Long? _____

What is the present state of your health as you perceive it? _____

Physician Name: _____

Phone #: (____) _____

Emergency Contact: _____

Phone #: (____) _____

Answer the following to best of your knowledge:

- 1) Have you consulted a doctor prior to joining this club? YES NO
- 2) Has your doctor said you have heart trouble? YES NO
- 3) Do you frequently suffer from pains in you chest? YES NO
- 4) Do you have high blood pressure? YES NO
- 5) Do you have arthritis or any other problem that might be aggravated by exercise? YES NO
- 6) Are you diabetic? YES NO
- 7) Do you eat a balanced diet? YES NO
- 8) Are you pregnant? YES NO
- 9) Do you have back problems? YES NO
- 10) Do you have difficulty with physical exercise? YES NO
- 11) Do you have a hernia or any other condition that may be aggravated by lifting weights? YES NO
- 12) Have you had surgery in the last 12 months? YES NO
- 13) Are you taking and medications or drug? YES NO

This form is intended for informational purposes only. It in no way represents acceptability to participate in nay exercise activity. A consultation with your physician should be done before starting any exercise program.

Member's Signature

Date

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