



Medical History & Health Habits Medical Disclosure Form
Information must be completed for ALL individuals on membership & Updated as details change.
Please fill out an additional copy if you have more than four persons in your family.

1) Primary Member Name: _____

Sex: Male Female Birth date: _____ 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 any exercise activity. A consultation with your physician should be done before starting any exercise program.

Member's Signature

Date

2) Associate Members 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
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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

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Member's Signature

Date

3) Associate Members 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
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- 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

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Member's Signature

Date

4) Associate Members 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
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