

Appt. Date:

Appt Time:

Trainer:

2016 PERSONAL TRAINING HEALTH HISTORY QUESTIONNAIRE

NAME: _____

TODAY'S DATE: _____

BARRY ID #: _____

MEMBER TYPE (circle): STUDENT STAFF FACULTY

PHONE #: (H) _____ (W) _____

ACADEMIC YEAR (circle): FR SO JR SR GRAD

E-MAIL: _____

EMERGENCY CONTACT (name/ relationship/ phone #): _____

DATE OF BIRTH: _____ GENDER: _____

PLACE OF RESIDENCE: (Please circle one)

Ethnicity: (OPTIONAL) (Please circle one):

Resident Hall/ Off-Campus

African American/ Asian American/ Hispanic American/

Native American/ White American/ Non-US/ Other:

1. If you have ever experienced any of the following conditions, please place an "X" next to that item.

Heart Disease		Cholesterol Level over 260		Hernia	
Rheumatic Disease		Diagnosed Hypoglycemia		Cancer	
Chest Pain		High Blood Pressure		Arthritis	
Heart Attack		Heart Murmurs		Lung Disease (asthma, emphysema)	
Stroke		Frequent Lightheadedness or Fainting		Frequent or Severe Back Pain	
Epilepsy/Seizure Disorder		Joint, Tendon, or Muscular Pain		Severe Shortness of Breath	
Diabetes		Irregular Heartbeats		Bulimia /Anorexia	

If you placed an X in any of the above you must download/complete the physician approval form before scheduling a session.

Other conditions not listed: _____

Please explain any conditions you marked with an "X": _____

2. Please list and explain any medical conditions, including surgery, for which a physician has ever recommended restrictions on activity: _____

3. Please list any medications you take regularly and the reason for taking: _____

4. Please answer "YES" or "NO" to the following questions:

Are you pregnant?	
Have you ever had a Personal Fitness Profile?	
Do you follow a flexibility routine on a regular basis?	
Do you perform abdominal exercises at least 2 times per week?	

5. Please indicate the amount of time you can dedicate to a fitness program: days per week → _____

❖ A personal trainer will help you design an exercise program based on your current level of fitness, your time limitations and your goals. The personal trainer will be instructing you on proper equipment set-up and usage, joint and lower back safety precautions, and proper form.

❖ If you cannot make your personal training appointment please call your personal trainer at least 24 hours in advance to reschedule. Don't forget to bring your Barry Identification card with you to gain access to the fitness center. Please wear proper workout attire and arrive at least 5 min. prior to your scheduled appointment.

- ❖ We require that you arrange a Personal Fitness Assessment before starting your exercise program. The personal fitness assessment includes the following assessments: body fat, blood pressure, resting heart rate, cardiovascular endurance, flexibility, muscular strength, and muscular endurance.
- ❖ Personal trainers will take your resting heart rate and blood pressure prior to each training appointment. (if indicated from assessment)
- ❖ In order to provide you with a safe and effective exercise program, the information on this form should be true to the best of your knowledge.
- ❖ All personal data is confidential.
- ❖ If this Questionnaire accurately reflects your health history and all medical limitations that may affect your Personal Training appointment, please sign below:

CLIENT'S SIGNATURE

DATE

APPRAISER'S SIGNATURE

DATE

☺ Thank you for choosing our Personal Training program ☺