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THE OPTIMAL YOU FITNESS FACILITY
HEALTH HISTORY QUESTIONNAIRE

To be completed prior to using the Optimal You Fitness Facility. All information is private and confidential.

FITNESS MEMBER INFORMATION ☐ ADA ☐ BP ☐ LKV

PRINT NAME LAST	FIRST	MIDDLE	SEX
			☐ Male ☐ Female

MAIN MEMBER'S NAME	RELATIONSHIP TO MEMBER
	☐ Spouse ☐ Dependent

PERSONAL HISTORY (Please answer all questions.)

Yes	No		If you answered:
			YES to one or more questions:
☐	☐	Has your doctor ever said you have a heart condition and that you should only do physical activity recommended by your doctor?	Contact your doctor BEFORE an increase in physical activity or BEFORE you have a Fitness Assessment. Tell your doctor about questions you answered YES to. • You may be able to do any activity you want - as long as you start slowly and build gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you want to participate in and follow his/her recommendations.
☐	☐	Do you feel pain in your chest when you do physical activity?	
☐	☐	In the past month, have you had chest pain when you were not doing physical activity?	**NO to all questions:**
☐	☐	Do you lose your balance because of dizziness or do you ever lose consciousness?	If you answered NO honestly to all questions, you can be reasonably sure that you can: • Start becoming much more physically active - begin slowly and build gradually. This is the safest and easiest way to go. • Take part in physical assessment - this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before increasing physical activity.
☐	☐	Do you have any joint or bone problems (for example, back, knee or hip) that could be made worse by a change in your physical activity?	
☐	☐	Is your doctor currently prescribing drugs (for example, water pills) for your heart condition or blood pressure?	**DELAY BECOMING MUCH MORE ACTIVE:** • If you are not feeling well because of a temporary illness such as a cold or fever - wait until you are feeling better or; • If you are or may be pregnant- talk to your doctor before you start becoming more active.
☐	☐	Do you know of any other reason why you should not do physical activity?	

Yes	No	Other Health Risks	PHYSICAL ACTIVITY
☐	☐	High cholesterol?	**Are you?**
☐	☐	If yes, number: _____	☐ Active - An athlete in training or a person who exercises for at least 20 minutes per day, 4-5 days per week.
☐	☐	Stroke?	☐ Moderately Active - Physical activity at least 3 days per week.
☐	☐	Epilepsy / Seizures?	☐ Occasionally Active - Recreation or physical activity 1 or 2 times per week.
☐	☐	Asthma?	☐ Sedentary - Only normal daily activities such as eating, sleeping, or a sedentary job.
☐	☐	Smoke cigars or cigarettes?	
☐	☐	Is there a good physical reason (not mentioned here) as to why you should not follow an activity program even if you wanted to? If yes, please explain: _____	**PLEASE NOTE:** If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

I hereby certify that the answers in the questionnaire are true and complete.

X _____

FITNESS MEMBER SIGNATURE (EMPLOYEE OR FAMILY MEMBER) DATE

Ada – Please return completed form to the Optimal You Fitness Facility, 14-1N.
Lakeview and Buena Park – Please return completed form to the Wellness Office.