



**WELLNESS CENTER**  
**Health/Emergency Information Form**

Name: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone number: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Clinic: \_\_\_\_\_ Phone number: \_\_\_\_\_

Regular activity is fun, healthy, and typically safe for most people. However, some people should check with their physician before they start or increase physical activity. Please answer the questions below. If you are between the ages of 15 and 69, these questions will guide you in determining if you should check with your physician before starting or increasing an exercise program. If you are over 69 years of age and you are not currently active, please check with your physician before you begin.

Please read the following questions carefully and answer each honestly: Circle YES or NO

- |     |    |  |
|-----|----|--|
| Yes | No | 1. Has your physician ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a physician? |
| Yes | No | 2. Do you feel pain in your chest area when you are physically active?   |
| Yes | No | 3. In the past month, have you experienced chest pain when you were not participating in physical activity?                                      |
| Yes | No | 4. Do you lose your balance because of dizziness or lose consciousness?  |
| Yes | No | 5. Do you have bone or joint problems (example: back, knee or hip) that could be made worse by a change in your physical activity?               |
| Yes | No | 6. Is your physician, currently, prescribing drugs (example: water pills, beta blockers) to control your blood pressure or heart condition?      |
| Yes | No | 7. Do you know of any other reason you should not participate in physical activity?  |

**(Over)**

**If you answered YES to one or more questions**

**Talk with your physician or make an appointment BEFORE you start or increase physical activity.**  
Please inform your physician about the questions, in which, you answered YES.

**To all participants:** start physical activity slowly and build up gradually. You may need to modify activities to those which are safe for you. Talk with your physician about the activities you wish to participate in and follow his/her advice.

I have read, understood, and completed this questionnaire. All questions were answered to my full satisfaction. I hereby acknowledge that all of the above information is true and that I assume all responsibility for contacting my physician and follow the recommended exercise limitations.

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Signature

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Date

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Signature of Parent/Guardian if under 18 years of age

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Date