FISHER | TITUS
272 Benedict Avenue
Norwalk, OH 44857
fishertitus.org
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Name: _____ Age: _____

To allow us to design the safest most effective fitness program for you, please answer the following question:

	YES	NO
1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?	☐	☐
2. Do you feel pain in your chest when you do physical activity?	☐	☐
3. In the past month, have you ever had chest pain when you were not doing physical activity?	☐	☐
4. Do you lose your balance because of dizziness or do you ever lose consciousness?	☐	☐
5. Do you have a bone or joint problem that could be made worse by a change in physical activity?	☐	☐
6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?	☐	☐
7. Do you know of any other reason why you should not do physical activity?	☐	☐
8. Have you ever had a history of respiratory or lung problems?	☐	☐
9. Do you have high cholesterol?	☐	☐
10. Do you know what your cholesterol scores are? Total Cholesterol_____ HLD_____	☐	☐
11. Do you have a chronic illness or condition?	☐	☐
12. Do you have a hernia, or any condition that may be aggravated by lifting weights?	☐	☐
13. Do you smoke? If yes, how many packs a day? _____	☐	☐
14. Have you had surgery within the past 12 months?	☐	☐
15. Do you have a thyroid problem?	☐	☐
16. Are you currently pregnant or have been within the past 3 months?	☐	☐

If you have answered YES to any of the above questions, please explain below. Also, please list any information that you feel we should know before setting you up on an exercise program:

_____

_____

_____

_____

_____

Person to contact in case of an emergency:_____ Relationship _____
Phone number: _____

Physician's name: _____ Phone number: _____