

# Rocky Hill Senior Fitness Center

## MEDICAL HEALTH HISTORY QUESTIONNAIRE

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

Sex: M F Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Person to contact in Case of Emergency Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Are you taking any medications or drug? If yes, list: Name, Reason, Dosage etc.

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Are you allergic to any medicines? List. \_\_\_\_\_

Briefly describe your exercise program now. \_\_\_\_\_

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**Do you now, or have you had in the past:**

**Yes No**

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|---|-------|-------|
| 1. History of heart problems, chest pain or stroke.                             | _____ | _____ |
| 2. Increased blood pressure.  | _____ | _____ |
| 3. Any chronic illness or condition.  | _____ | _____ |
| 4. Difficulty with physical exercise.   | _____ | _____ |
| 5. Advice from physician not to exercise.                                       | _____ | _____ |
| 6. Recent surgery (last 12 months).   | _____ | _____ |
| 8. History of breathing or lung problems.                                       | _____ | _____ |
| 9. Muscle, joint, or back disorder, or any previous injury still affecting you. | _____ | _____ |
| 10. Diabetes or thyroid condition.  | _____ | _____ |

- 11. Cigarette smoking habit. \_\_\_\_ \_\_\_\_
- 12. Obesity (more than 20 percent over ideal body weight). \_\_\_\_ \_\_\_\_
- 13. Increased blood cholesterol. \_\_\_\_ \_\_\_\_
- 14. History of heart problems in immediate family. \_\_\_\_ \_\_\_\_
- 15. Hernia, or any condition that may be aggravated by lifting weights. \_\_\_\_ \_\_\_\_

Please explain any YES answers in comment section.

Comments

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**Liability Release Form**

I am aware of the nature of this activity and I hereby assume responsibility for myself. I will not hold the Town of Rocky Hill, the Department of Senior Services, and/or its employees or agent's ~~responsibility~~ in case of any accident or injury as a result of this participation. I hereby further agree to indemnify and save harmless the Town of Rocky Hill, a municipal corporation of the State of Connecticut, from and against any and all loss, damage, claim, demand, liability or expense by reason of any damage or injury to property or person which may be claimed to have arisen as a result of or in connection with participation in Senior Center activities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Do not write below this line**

EXERCISE CARD INFORMATION:      AGE: \_\_\_\_\_      MAX HEART RATE: \_\_\_\_\_

TARGET HEART RATE ZONE: \_\_\_\_\_      (60 - 70%) THRZ

ATYPICAL INFORMATION: \_\_\_\_\_

PRECAUTIONS/CONTRAINDICATIONS: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

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