

TRI-COUNTY YMCA
FITNESS SCREENING FORM

NAME _____ AGE _____ DATE _____

ADDRESS _____ CITY/STATE/ZIP _____

PHONE (H) _____ (W) _____ OCCUPATION _____

PERSONAL MEDICAL HISTORY

	YES	NO		YES	NO
RHEUMATIC FEVER	___	___	HEART DISEASE	___	___
HIGH BLOOD PRESSURE	___	___	HEART MURMUR	___	___
HEART ATTACK	___	___	ASTHMA	___	___
HIGH CHOLESTEROL	___	___	STROKE	___	___
MUSCLE DISEASE	___	___	VARICOSE VEINS	___	___
BACK INJURY	___	___	MAJOR SURGERY	___	___
JOINT PROBLEMS	___	___	LUNG DISEASE	___	___
THYROID	___	___	DIABETES: I / II	___	___
ARTHRITIS	___	___	PREGNANCY	___	___
ANEMIA	___	___	HERNIA	___	___
POOR CIRCULATION	___	___			

COMMENTS:

FAMILY MEDICAL HISTORY

	YES	NO		YES	NO
HIGH BLOOD PRESSURE	___	___	HEART OPERATION	___	___
HEART DISEASE	___	___	DIABETES	___	___
HEART ATTACK	___	___	STROKE	___	___

PRESENT SYMPTOMS

___ CHEST PAIN	___ PREGNANT (TRIMESTER)
___ BACK PAIN	___ SHORTNESS OF BREATH
___ KNEE PAIN	___ OTHER JOINT PROBLEMS
___ HIGH BLOOD PRESSURE	___ HEART PALPITATIONS
___ COUGH	___ DIZZINESS WITH EXERCISE
___ OTHERS _____	

ARE YOU CURRENTLY TAKING ANY MEDICATIONS ___ YES ___ NO

IF SO, WHAT/WHY? _____

HEALTH HABITS

SMOKING

DO YOU USE TOBACCO ___ YES ___ NO

USED PREVIOUSLY? _____ HOW LONG? _____ HOW MUCH? _____

WHEN DID YOU QUIT? _____

NUTRITION

DO YOU CONSIDER YOURSELF OVERWEIGHT? ___ YES ___ NO

ARE YOU PRESENTLY ON A WEIGHT CONTROL PROGRAM? ___ YES ___ NO

IF YES, WHAT? _____

EXERCISE

DO YOU ENGAGE IN SPORTS OF FITNESS ACTIVITIES? ___ YES ___ NO

IF YES, WHAT? _____

HOW OFTEN? _____ HOW LONG? _____

HOW PHYSICALLY FIT DO YOU FEEL?

UNFIT ___ BELOW AVERAGE ___ AVERAGE ___ ABOVE AVERAGE ___ VERY FIT ___

PHYSICIAN'S NAME _____ PHYSICIAN'S PHONE _____

MAY WE CONTACT YOUR PHYSICIAN? ___ YES ___ NO

EMERGENCY CONTACT AND PHONE _____

FITNESS RELEASE FORM

I, _____, DO HEREBY MAKE APPLICATION AND GIVE RELEASE TO THE TRI-COUNTY YMCA, ITS PROFESSIONAL STAFF AND INSTRUCTORS, TO BE ACCEPTED AND PERMITTED TO PARTICIPATE IN YMCA HEALTH & FITNESS PROGRAMS. IN CONSIDERATION OF BEING ACCEPTED INTO THIS PROGRAM, I DO, ON BEHALF OF MYSELF, MY HEIRS, EXECUTOR, AND ADMINISTRATORS, RELEASE AND DISCHARGE THE SAID TRI-COUNTY YMCA AND ALL ITWS AGENTS AND EMPLOYEES FROM ANY CLAIMS OR DEMANDS WHICH I NOW HAVE OR AT ANY TIME IN THE FUTURE MAY HAVE RESULTING FROM ANY ILLNESS, INJURY OR OCCURRENCE AS A RESULT OF MY PARTICIPATION IN THESE PROGRAMS. FURTHERMORE, I AGREE TO LOOK TO MY PRIVATE PHYSICIAN FOR MEDICAL CARE AND AGREE TO HAVE REGULAR EVALUATIONS BY HIM/HER.

SIGNATURE OF APPLICANT

DATE