

MJCC Pre-Participation Fitness Questionnaire

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Gender: _____

Health History

Please check all that apply. Although physical activity is safe for most individuals, it is recommended that individuals who have checked any of the boxes below, consult their physician or other appropriate health care provider before embarking on an exercise program. MJCC follows all applicable HIPPA guidelines regarding medical information collected. All information will be kept confidential and reviewed by a qualified member of our fitness staff.

This form is two-sided, please fill out both sides.

You have had:

- A heart attack
- Heart surgery
- Cardiac catheterization
- Coronary Angioplasty
- Pacemaker
- Heart valve disease
- Heart failure
- Heart transplant
- Congenital heart disease
- Stroke
- Heart murmur

Symptoms:

- You experience chest discomfort with exertion
- You experience unreasonable breathlessness
- You experience dizziness, fainting, blackouts
- You take heart medication(s)

Other health conditions:

- You have diabetes
- You have or asthma other lung disease
- You have burning or cramping in your lower legs when walking short distances
- You have musculoskeletal problems that limit your physical activity
- You take prescription medication(s)
- You are pregnant



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Cardiovascular risk factors

- You are a man older than 45 years
- You are a woman older than 55 years
- You have had a hysterectomy or are postmenopausal
- Your BP is greater than 140/90
- You don't know your BP
- You take BP medication
- Your blood cholesterol level is >200 mg/dL
- You are more than 20 pounds over weight

Orthopedic/muscular problems

- Neck
- Shoulder
- Hip/knee
- Upper back pain
- Lower back pain
- Ankle/foot
- Arthritis
- Joint, tendon, or muscular pain

Fitness goals

List of medication(s)

I understand that if I am presently under a doctor's care that I have received his/her permission to exercise or participate in a workout program at the Mittleman Jewish Community Center.

Signature: _____ Date: _____ Staff Initials: _____

Trainer Notes: _____

