

askROCCO's Boot Camp

Health History Questionnaire

Name _____ Company _____
Home Address _____
Position _____
Telephone home _____ work _____ mobile _____
Height _____ Weight _____
Gender _____ Birth date _____ Age _____

Regular physical activity is safe for most people. However, some individuals should check with their doctor before they start an exercise program. To help us determine if you should consult with your doctor before starting to exercise with askROCCO's Boot Camp, please read the following questions carefully and answer each one honestly. All information will be kept confidential. Please check YES or NO:

YES NO

- 1. Do you have a heart condition?
- 2. Have you ever experienced a stroke?
- 3. Do you have epilepsy?
- 4. Are you pregnant?
- 5. Do you have diabetes?
- 6. Do you have emphysema?
- 7. Do you feel pain in your chest when you engage in physical activity?
- 8. Do you have chronic bronchitis?
- 9. In the past month, have you had chest pain when you were not doing physical activity?
- 10. Do you ever lose consciousness or do you ever lose control of your balance due to chronic dizziness?
- 11. Are you currently being treated for a bone or joint problem that restricts you from engaging in physical activity?
- 12. Has a physician ever told you or are you aware that you have high blood pressure?
- 13. Has anyone in your immediate family (parents / brothers /sisters) had a heart attack, stroke, or cardiovascular disease before age 55?
- 14. Has a physician ever told you or are you aware that you have a high cholesterol level?
- 15. Are you a male over 44 years of age?
- 16. Are you a female over 54 years of age?

YES NO

17. Are you currently exercising *LESS* than 1 hour per week? If you answered no, please list you activities. _____
18. Are you currently taking any medication? Please list the medication and its purpose _____
20. Have you had any serious or chronic illness, operation, chronic virus, infections, or traumatic accidents? _____
21. Have you had any injuries within the past five years? _____

What are your specific fitness goals at askROCCO's Boot Camp? (Indicate all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Increase strength and endurance | <input type="checkbox"/> Improve flexibility |
| <input type="checkbox"/> Improve cardiovascular fitness | <input type="checkbox"/> Improve muscle tone |
| <input type="checkbox"/> Reduce body fat | <input type="checkbox"/> Increase muscle mass |
| <input type="checkbox"/> Exercise regularly | <input type="checkbox"/> Injury Rehabilitation |
| <input type="checkbox"/> Sports conditioning | <input type="checkbox"/> Other _____ |

What are your specific health goals at askROCCO's Boot Camp? (Indicate all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Reduce stress | <input type="checkbox"/> Improve nutritional habits |
| <input type="checkbox"/> Control blood pressure | <input type="checkbox"/> Control cholesterol |
| <input type="checkbox"/> Stop smoking | <input type="checkbox"/> Achieve balance in life |
| <input type="checkbox"/> Improve productivity | <input type="checkbox"/> Reduce back pain |
| <input type="checkbox"/> Feel better overall | <input type="checkbox"/> Increase my health awareness |
| <input type="checkbox"/> Other (please be specific) _____ | |

What motivated you to come to askROCCO's Boot Camp? (Indicate all that apply)

- Walked by
 Advertisement
 Publicity (newspaper article, radio, television)
 Medical reasons
 Referral _____
 Other _____

I have read, understood, and completed this questionnaire. Any questions that I had were answered to my full satisfaction.

Name _____

Date _____

Signature _____

Staff Use Only

Cleared to exercise _____ Not cleared to exercise _____

Reason _____

Staff Signature _____