

# UAB Personal Training

## Health History Questionnaire

Name: \_\_\_\_\_ BlazerID: \_\_\_\_\_

Birthday: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Have you ever had a definite or suspected heart attack or Stroke?      | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have any other cardio vascular or pulmonary (lung) diseases?    | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have history of: Diabetes, Thyroid, Liver, or Kidney disease?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have any known cardiovascular (heart) disease or abnormalities? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you currently taking any medications?                              | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. If you Answered Yes to questions 1-5 please describe:                  |                          |                          |

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- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 7. Do you have any problems with bones, joints, or muscles that become aggravated while exercising? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you have any back or neck problems?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you been told by a health professional that you should not exercise?                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. If you answered yes to any question 6-8 please describe:  |                          |                          |

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I have answered the Health History Questionnaire questions accurately and completely. I understand that my medical history is a very important factor in the development of my fitness/wellness program. I understand that certain medical or physical conditions which are known to me, but that I do not disclose to my trainer, may result in serious injury to me. If any of the above conditions change, I will immediately inform my trainer of those changes. I, knowingly and willingly, assume all risk of injury resulting from my failure to disclose accurate, complete, and updated information in accordance with the attached questionnaire. I also understand that in order to properly risk stratify my Health History Questionnaire, my trainer should have a minimum of national certifications as a personal trainer. My trainer also verbally explained this statement to me to my understanding.

**Client's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Trainer's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_