

HEALTH QUESTIONNAIRE

Name _____ Age _____

Home Phone _____ Work Phone _____

What is the present state of your general health? _____

Physician's Name _____ Phone _____

Person to contact in an emergency? _____ Phone _____

If you are presently taking any medication(s) on a regular basis please check with your physician(s) to determine how your medication will affect your exercise performance and your working heart rate.

Are you now or have you been pregnant within the past 3 months? _____

Does your physician(s) know you are participating in a dance or fitness exercise program? _____

Do you have now or have you had within the past year: **YES NO**

1. A history of heart problems? _____

2. High Blood Pressure? _____

3. Difficulty with physical exercise? _____

4. A Chronic illness? _____

5. Advice from a physician not to exercise? _____

6. Muscle, joint, or back disorder that could be aggravated by physical activity? _____

7. Recent surgery (within the past 3 months)? _____

8. History of lung problems? _____

9. Diabetes? _____

10. Cigarette-smoking habit? _____

11. High blood cholesterol? _____

- 12. History of heart problems in immediate family? _____
- 13. Epilepsy? _____
- 14. Have you participated in an exercise program before? _____

When (most recent)? _____ Type of program _____

What are your primary reasons for enrolling in the Community Recreation Department's exercise program?

- _____ General Conditioning _____ Running
- _____ Muscular Strength _____ Weight Loss
- _____ Stress Reduction _____ Cardiovascular Conditioning
- _____ Flexibility _____ To Socialize
- _____ Enjoy Dancing

I have answered the preceding questions to the best of my ability. I have understood all the questions asked of me and have been given the opportunity to have any of my concerns clarified to my satisfaction. I further understand that thorough and honest responses to these questions are essential to my safety and prudent recommendations from the Community Recreation Department staff.

It is my intention to make every effort to maintain regular attendance throughout this exercise program.

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Your Maximum Heart Rate is: _____ beats/minute.

(220 minus age) _____ beats/10 seconds.

We recommend working at: 60-85% of Maximum Heart Rate.

Your Target Heart Rate is: _____ beats/minute.

* _____ beats/10 seconds.