

Health History Form

Name: _____ Gender: _____

Address: _____ City/State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Date of Birth: _____

Physician: _____ Phone Number: _____

Address: _____ City/State: _____ Zip: _____

Emergency Contact Person: _____

Home Phone: _____ Work Phone: _____

Relationship: _____

Do you have swimming abilities that would enable you to save your own life? **YES** **NO**

Please check if you have or have ever had:

- _____ high blood lipids and cholesterol level
- _____ hypertension (high blood pressure)
- _____ smoking habits
- _____ obesity (20lbs. or more, overweight)
- _____ family history of heart disease
- _____ arteriosclerosis (hardening of the arteries)
- _____ diabetes
- _____ excessive stress
- _____ heart problems
- _____ chronic illness
- _____ advice from a physician not to exercise
- _____ difficulty with physical exercise (dizziness, breathlessness)
- _____ recent muscle, joint or back disorders, surgery, pregnancy status, anxiety or depression
- _____ muscle, joint or back disorders
- _____ lung problems, asthma or other allergies
- _____ arthritis or other joint problems

Is your physician aware of your decision to participate in an exercise program? **YES** **NO**

What is your current level of activity? **Sedentary** **Moderately Active** **Extremely Active**

List all medications you are currently taking and the frequency of use: _____

Describe any surgery you have had within the last year: _____

Please read carefully and sign below:

I _____ fully understanding that the program and exercises of **THE LAN-OAK PARK DISTRICT** require vigorous physical activity, hereby represent and acknowledge that my physical condition permits me to participate in **THE LAN-OAK PARK DISTRICT** programs and exercises. I further acknowledge that I have been advised that at any time I am having physical difficulty, I have volunteered to participate in this program and accept the responsibility. I understand that the possibility of exercise injuries or disorders does exist. I acknowledge and accept those risks.

I further realize that I will not be accepted for participation in the program if **THE LAN-OAK PARK DISTRICT** knows of any reason why my participation would be dangerous to my health.

I also release and discharge on behalf of myself, my heirs, assigns and successor in interest, all officers, directors, agents, and employees, and other representatives of **THE LAN-OAK PARK DISTRICT** and its insurers, from any and all claim, damages, demands, and liabilities ensuing out of or in any way related to participation in **THE LAN-OAK PARK DISTRICT** activities and the use of any of its exercises, procedures, or other results attained there from.

Signature

Date