

The Energizer Health & Fitness Club

Health Appraisal Questionnaire

The Energizer holds the following information in strict confidence. Common sense is your best guide in answering these questions. Please read them carefully and circle Yes or No as they apply to you.

	Yes	No	Additional Comments
1. Have you experienced chest discomfort, ie. While exercising, after meals, at rest, other times? Give details at right.	Y	N	
2. Do you often feel faint or have spells of severe dizziness? If yes, please describe at right	Y	N	
3. Has a doctor ever said your blood pressure was too high or low? Please indicate at right.	Y	N	
4. Have you ever had heart trouble, ie: murmur, angina, irregular beats, prior heart attacks? Identify at right and give details.	Y	N	
5. Have you ever had a bone / joint problem, ie. arthritis, gout, disc disease, surgery, cartilage, ligaments? Please identify at right.	Y	N	
6. Have you ever had any back problems ie: chronic or occasional pain, old injury? If yes, please identify and give details at right.	Y	N	
7. Have you ever had a problem with your chest or lungs, ie: Asthma, Bronchitis, Emphysema. Give detail at right.	Y	N	
8. Are you presently taking any medication? Please identify at right.	Y	N	
9. Do you have any of the following conditions: Diabetes, Epilepsy, Other (identify at right).	Y	N	
10. Are you accustomed to vigorous exercise?	Y	N	
11. Are you pregnant? Give expected due date.	Y	N	
12. To the best of your knowledge do you suffer from any ailment that could be worsened by physical activity? If yes, please give details at right.	Y	N	

*** If you are 40 years old or older, and are not accustomed to vigorous activity (3 times a week in your training zone) you may be required to have a physical exam done by your family physician.**

*** If you have answered "Yes" to any of the above questions, you will be asked to discuss / expand on the identified area with an Energizer official or Staff Member.**

The following must be completed by an Energizer Staff Member PRIOR TO EXERCISE.

Heart Rate, Pulse Check _____ Blood Pressure _____

Energizer Staff Member Name _____

11/06