# GREEN COUNTY FAMILY YMCA

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

## MEDICAL HISTORY FORM

Parent's Name: _____ Today's Date: _____

Orientation Participant (Child's Name): _____

| | | |
|---|---|---|
| 1. Has a doctor ever diagnosed your child with any heart-related conditions? | Yes | No |
| 2. Does your child ever have shortness of breath? | Yes | No |
| 3. Has your child ever fainted or had dizzy spells? | Yes | No |
| 4. Has a doctor ever diagnosed your child with high blood pressure? | Yes | No |
| 5. Does your child have any joint issues or have they ever had an injury that might prevent them from performing certain exercises? | Yes | No |
| 6. Is there any physical reason, not mentioned above, why your child should not exercise? If yes, please explain. _____ | Yes | No |

7. What does your child hope to accomplish by doing a fitness center orientation?

_____

| | | |
|---|---|---|
| 8. Is your child currently on any medications? | Yes | No |

If yes, please list: _____

The information included on this medical history form is solely for the wellness coach to use for the purpose of conducting the fitness center orientation. I declare my child is physically sound to participate in YMCA exercise and hereby absolve myself, my heirs, executors and administrators, forever, and all rights and claims of damages or injuries against the Green County Family YMCA, Inc. and their employees, trainers and instructors.

Signature of Parent: _____

I agree to pay attention during the fitness center orientation, to adhere to the YMCA Code of Conduct and promise to utilize the YMCA Fitness Center as instructed.

Signature of Child: _____

YMCA Staff Signature: _____