GREEN COUNTY FAMILY YMCA

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MEDICAL HISTORY FORM

Name: _____ Today's Date: _____

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

7. What do you hope to accomplish by doing small group personal training?

_____

8. Are you 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 small group personal training. I declare myself to be physically sound and able 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: _____