



## 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   | Yes | No |

not exercise? If yes, please explain. \_\_\_\_\_

7. What do you hope to accomplish by doing a fitness center orientation?

\_\_\_\_\_

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 the fitness center orientation. 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: \_\_\_\_\_