

**Wesleyan University  
Physical Education Department  
Adult Fitness**

Name: \_\_\_\_\_ Phone: (h) \_\_\_\_\_  
 Campus Address: \_\_\_\_\_ (w) \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 Physician's Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_  
 In Case of Emergency: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Personal Fitness Goals: \_\_\_\_\_

**Medical History**

1. Do you have or have you had the following:

	Yes	No
Shortness of breath		
Chest pain		
Palpations (heart skip)		
Ankle swelling		
Dizziness		
Do you wake up short of breath or with chest pains		
Heart Attack		
Heart Murmur		
Heart condition		
High blood pressure		
Diabetes		
Lung disease		
Asthma, Emphysema or wheezing		
Surgery in the last 3 months		
Major illness or hospitalization in the last three months		
Muscle, joint or back disorder		
Any other illness or health problem not listed above (if yes, please explain on the line below)		

2. Are you pregnant? Yes No

3. Are you on medication? Yes No If yes, please list the name of medication(s) and describe what it is for  
 \_\_\_\_\_

*If you answered yes to any of the above questions, it is highly recommended that you seek medical approval prior to participating in the fitness programs.*

**Do you have medical approval to participate in this program? Yes No**

**If no, do you plan to seek medical approval? Yes No**

4. Do you smoke? Yes No If yes, how many cigarettes per day? Number of cigarettes \_\_\_\_\_

5. Are you more than 20 lbs overweight? Yes No

6. Do you currently perform regular aerobic exercise? Yes No

If yes, how often per week? \_\_\_\_\_

Please describe the activity \_\_\_\_\_

7. Do any positions, exercises or activities cause you pain or anxiety? Yes No

If yes, please describe: \_\_\_\_\_

8. Have you ever had an injury which affected your activity level or caused pain? Yes No

If yes, please indicate:

Body part \_\_\_\_\_

Year Occurred \_\_\_\_\_

Describe Problem \_\_\_\_\_

Treatment \_\_\_\_\_

Current Status \_\_\_\_\_

**Informed consent**

I have volunteered to participate in a program designed for me by the Wesleyan Adult Fitness Program. I waive possibility of personal damage which may be blamed upon such a program in the future and accept the responsibility for requesting such exercise. I recognize the risk of injury and illness inherent in any fitness program and hereby acknowledge and accept these risks (including abnormal blood pressure, disorders of heart beat, fainting and in rare instances, heart attack). I waive and release Wesleyan University for all liability which may occur to me while participating in the fitness program. I have been informed of the need for a physician's approval for participation in a physical exercise program.

Signed: \_\_\_\_\_