

Palomar College Fitness Center

A joint venture of the City of San Marcos and Palomar Pomerado Health System

Member Health History Questionnaire

Name: _____ Age: _____ DOB _____ / _____ / _____ Occupation: _____

Physician's name _____ Physician's address: _____, City _____, CA, _____

How did you hear about the facility? _____ Are you Pregnant? _____

Risk Factor Questionnaire: Please circle YES or NO

1. Have you ever had or has your doctor ever diagnosed you as having heart trouble or coronary disease? YES NO
2. Do you have a family history of heart problems, coronary disease or heart attack before the age of 55? YES NO
3. Do you have a history of high blood pressure?..... YES NO
If yes, what was your last reading _____/_____?
4. Are you on Blood Pressure Medication? YES NO
5. Do you have history of high cholesterol? ? YES NO
If yes, are you on medication? ? YES NO
6. Do you have diabetes? ? YES NO
If yes, Type I or Type II?
7. Do you smoke cigarettes? YES NO
8. Do you ever experience chest pains or dizzy spells?..... YES NO
9. Have you ever needed medical clearance to exercise or receive exercise testing?..... YES NO
10. Do you consider yourself to be sedentary?..... YES NO

Do you have any chronic pain or injuries? If yes, please describe _____

Please list all medical conditions or diseases you now have or have had in the past: _____

Please describe any and all injuries you now have or have had in the past (be as specific as possible): _____

Please list all medications (prescribed and over-the-counter) and their use: _____

What are your health and exercise goals: _____

Please list and describe any and all physical limitations _____

Liability Waiver

I, (please print) _____ understand and agree that there are risks in my use of the facilities of the Palomar College Fitness Center (the "Facilities") that may result in accidents, injuries or even death. I freely assume these risks. I further agree to indemnify and hold harmless the Palomar Community College District, its employees, officers, and Governing Board from and against all claims, demands, losses, actions, causes of action, liability, costs, expenses, and attorneys fees, arising out of, or in any way connected with my presence in and/or use of the Facilities, without regard to actual and/or legal cause thereof.

Signature of Participant: _____ Date: _____ / _____ / _____

Signature of Witness: _____ Date: _____ / _____ / _____