Philadelphia Indemnity Insurance Company

One Bala Plaza, Suite 100, Bala Cynwyd, PA 19004

5/2000

Date Member Joined Club: _____
Date Form Last Updated: _____

HEALTH HISTORY QUESTIONNAIRE

THE FOLLOWING HEALTH HISTORY QUESTIONNAIRE IS INTENDED TO OBTAIN RELEVANT INFORMATION ABOUT YOUR HEALTH THAT WILL HELP US BEGIN YOUR FITNESS ASSESSMENT PROCESS. PLEASE ANSWER EACH OF THE BELOW QUESTIONS TO THE BEST OF YOUR KNOWLEDGE. SHOULD YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO ASK. YOUR RESPONSES WILL BE STRICTLY CONFIDENTIAL. THIS FORM MUST BE REVIEWED BY THE CLUB'S EXERCISE LEADER BEFORE YOU MAY BEGIN YOUR EXERCISE PROGRAM. YOU WILL BE CONTACTED WITH 48 HOURS FROM SUBMITTED DATE OF MEMBERSHIP.

Member Information

Member's Name:	_____	☐ Male	☐ Female	Age:
Member's Phone Number:	(Home): ( ) -	(Work): ( ) -		
	Street	**City**	**State**	**Zip**
Member Address:	_____	_____	_____	_____

1) ACCORDING TO THE BELOW RECOMMENDED WEIGHT CHART, IS YOUR CURRENT BODY WEIGHT:

- ☐ **Underweight** (More than 5 lbs. below lowest specified weight within the chart column)
- ☐ **Normal Weight** ((+) or (-) 5 lbs. of the lowest or highest specified weights within the chart column)
- ☐ **Overweight** (More than 5 lbs. above the highest specified weight within the chart column)
- ☐ **Above Overweight** (More than 19 lbs. above the highest specified weight within the chart column)

Height & Weight Table For Women

Height Feet Inches	Small Frame	Medium Frame	Large Frame
4' 10"	102-111	109-121	118-131
4' 11"	103-113	111-123	120-134
5' 0"	104-115	113-126	122-137
5' 1"	106-118	115-129	125-140
5' 2"	108-121	118-132	128-143
5' 3"	111-124	121-135	131-147
5' 4"	114-127	124-138	134-151
5' 5"	117-130	127-141	137-155
5' 6"	120-133	130-144	140-159
5' 7"	123-136	133-147	143-163
5' 8"	126-139	136-150	146-167
5' 9"	129-142	139-153	149-170
5' 10"	132-145	142-156	152-173
5' 11"	135-148	145-159	155-176
6' 0"	138-151	148-162	158-179

Height & Weight Table For Men

Height Feet Inches	Small Frame	Medium Frame	Large Frame
5' 2"	128-134	131-141	138-150
5' 3"	130-136	133-143	140-153
5" 4"	132-138	135-145	142-156
5' 5"	134-140	137-148	144-160
5' 6"	136-142	139-151	146-164
5' 7"	138-145	142-154	149-168
5' 8"	140-148	145-157	152-172
5' 9"	142-151	148-160	155-176
5' 10"	144-154	151-163	158-180
5' 11"	146-157	154-166	161-184
6' 0"	149-160	157-170	164-188
6' 1"	152-164	160-174	168-192
6' 2"	155-168	164-178	172-197
6' 3"	158-172	167-182	176-202
6' 4"	162-176	171-187	181-207

NOTE: ARE YOU CURRENTLY PREGNANT? ☐ YES ☐ NO

Health Report

Emergency Contact:	_____	**Relationship:**	_____	Phone: ( ) -
Doctor's Name:	_____			Date of Last Physical: _____
Name of Clinic:	_____			Phone: ( ) -

2) ARE YOU CURRENTLY TAKING ANY MEDICATION OR HEALTH SUPPLEMENTS? ☐ YES ☐ NO

Type: _____	**Reason:** _____
Type: _____	**Reason:** _____
Type: _____	**Reason:** _____

3) ARE YOU TAKING MEDICATION, WHICH COULD CAUSE A REACTION WHILE EXCERSING? ☐ YES ☐ NO

Explain: _____

The information and suggestions presented by Philadelphia Indemnity Insurance Companies in this loss control technical resource form are for your consideration in your loss prevention and risk control efforts. They are not intended to be complete in identifying or reporting on every possible or significant hazard at your premises, preventing possible workplace accidents, or complying with all of the local, state or federal health & safety related laws or regulations. The material enclosed within this loss control reference source is intended and encouraged to be altered or redesigned by you to specifically address your hazards.

4) ARE YOU CURRENTLY UNDER THE CARE OF A PHYSICIAN FOR ANY REASON AT ALL? ☐ **YES** ☐ **NO**

If YES, Reason: _____

5) DOES YOUR PHYSICIAN KNOW THAT YOU ARE BEGINNING A NEW EXERCISE PROGRAM? ☐ **YES** ☐ **NO**

If NO, Why: _____

6) HAS YOUR PHYSICIAN COMPLETED AND SIGNED A "PHYSICIAN REFERRAL" FORM? ☐ **YES** ☐ **NO**

If YES, attached a copy of "Medical Referral Form": _____

7) PLEASE CHECK ANY CONDITION/S YOU EITHER HAD OR CURRENTLY HAVE:

☐ Anemia	☐ Diabetes	☐ High Blood Pressure
☐ Asthma / respiratory conditions	☐ Heart Condition/s	☐ Hypertension
☐ Cancer: Type:	☐ Hernia	☐ Stroke
☐ Chest Pains	☐ High Cholesterol	☐ Other: _____

Describe condition:	_____
When did you have this condition:	_____

8) HAVE YOU EVER BEEN INJURED? ☐ **YES** ☐ **NO (IF YES, LIST BODY PART/S WITH INJURIES AND DESCRIBE)**

Part of body injured:	☐ Abdomen	☐ Eye	☐ Leg
	☐ Arm	☐ Foot / toes / ankle	☐ Mouth / Teeth
	☐ Back	☐ Hand / fingers	☐ Neck
	☐ Chest	☐ Head / skull	☐ Nose
	☐ Ear	☐ Knee	☐ Other: _____

Describe Injury:	_____
When did you have this injury:	_____

9) DO YOU SMOKE CIGARETTES? ☐ **YES** ☐ **NO (IF YES, HOW MUCH):** packs per day

10) DESCRIBE YOUR CURRENT PHYSICAL ACTIVITY BASED ON THE BELOW CHART:

AMOUNT OF PHYSICAL ACTIVITY		
☐	**Inactive**	**< than 30 minutes of physical activity on a maximum of three days per week**
☐	**Slightly active**	**> than 30 minutes of physical activity on three days per week**
☐	**Moderately active:**	**> than 30 minutes of physical activity on most, if not all, days of the week**
☐	**Very Active:**	**> than 45 minutes of physical activity on all days of the week**

11) HOW LONG HAVE YOU EXERCISED OR PLAYED SPORTS REGULARLY?

☐ I do not exercise regularly	☐ less than 1 (one) year	☐ 1 to 2 years
☐ 2 to 5 years	☐ 5 to 10 years	☐ > 10 years

12) WHICH OF THE FOLLOWING GENERAL GOALS BEST CAPTURES YOUR FITNESS GOALS?

☐ General Toning	☐ Size or Strength	☐ Cardiovascular Conditioning
☐ Sport Specific	☐ Cardiac Rehabilitation	☐ Weight Reduction

SIGNATURE: _____ **DATE:** _____

RELEASE: **I know of no physical or medical condition that I, or my physician, feel could be aggravated by my using the equipment or facilities or, participating in activities sponsored by this club. I agree to advise club management in writing if any of the above information changes or if my doctor advises me to stop, reduce or otherwise adjust my exercise regimen at the club, or injure myself while on club property. The information I have given on this form is, to the best of my knowledge, complete and accurate.**

The above signed form authorizes the club exercise leader to obtain a medical clearance from your physician if your are pregnant, have diagnosed heart problems, diabetes, metabolic disorders, respiratory problems, or any other risk factors considered necessary.