

**YMCA of the Sandhills Personal Training:
Health History and Readiness Questionnaire Form**

Name _____ Date _____

Email Address _____

Phone number (Home) _____ (Cell) _____

Emergency Contact (Name) _____ (Phone number) _____

Age _____ DOB _____ Height _____ Weight _____

Health History –

Please Circle any that you have currently or have had in the past -

Diabetes - High Blood Pressure - High Cholesterol - Chest Pain/
Angina Heart Attack - Heart Murmur - Irregular Heart Beats - Abnormal
ECG Rheumatic Fever - Asthma - Stroke - Respiratory Infections
Valve Disease - Arthritis - Heart Condition

Please list any additional health conditions/diseases not listed above that you
have currently or had in the past: _____

Do you currently smoke/vape? Yes / No

History of smoking/ vaping? Yes / No

Are you currently pregnant? Yes / No

Do you have any conditions that you are aware of that may limit your physical activity? (Please circle any that apply)

Ankle/ Foot Injury - Bone Fracture - Knee pain / injury - Low Back Pain

Shoulder/ Clavicle injury - Wrist/ Hand injury - Arm / Elbow injury

Knee/ Thigh Injury - Hip / Pelvic Injury - Calcium Deposits - Nerve Damage

Tennis Elbow - Upper back injury - Head / Neck injury

Any other limitations not listed above - (Please explain) _____

1. Has a physician ever advised against you participating in exercise?

YES / NO

2. Are you currently receiving physical therapy?

YES / NO

3. Are you currently taking any medications?

YES / NO

If you answered yes please list - _____

4. Are you Currently involved in an exercise program? YES / NO

If yes, please describe the program- _____

5. How would you rate your current level of physical activity?

Very little - Little - Moderate - Active - Very Active

6. How would you rate your current stress level?

Low – Moderate - High

What are your personal exercise program goals?

Any other information you feel the personal trainer should know- _____

I _____ have read and understood the above form and answer the questions to the best of my knowledge. Based on the information provided; your trainer may request a release from your physician before personal training sessions begin.

In addition, I am aware it is my responsibility to tell my trainer if I have any changes that may affect my safety and/or abilities to perform physical activities.

Signature- _____ Date- _____