



**The Power House at Highland  
Side Door CrossFit**  
617 S. Snelling Ave  
St. Paul, MN 55116  
651-699-4864  
www.thepowerhouseathighland.com

# Medical History Questionnaire

All information is confidential

Date \_\_\_\_\_

This information is vital for the design of a safe and effective fitness training program. If, for any reason, you do not wish to answer any questions, please inform your instructor.

## Personal History

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_

## Physical Readiness Activity Questionnaire

- For most people, physical activity should not pose any problem or hazard. This questionnaire has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

- Common sense is your best guide in answering these few questions. Please read them carefully and check "yes" or "no" for each as it applies to you

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Has your doctor ever said you have heart trouble?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you frequently have pain in your heart and chest?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you often feel faint or have spells of severe dizziness?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Has a doctor ever said your blood pressure was too high?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise, or might be made worse with exercise? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you over the age of 65 and not accustomed to vigorous exercise?   |

**If you answered "YES" to one or more of the above questions:** Please consult with your personal physician before increasing your physical activity or taking a fitness test.

**If you answered "NO" to all of the above questions:** Assuming you answered the above questions accurately, you have reasonable assurance of your present suitability for an exercise test.

## Medical History

- |                     | Yes                      | No                       |
|---------------------|--------------------------|--------------------------|
| Heart Condition     | <input type="checkbox"/> | <input type="checkbox"/> |
| Diabetes            | <input type="checkbox"/> | <input type="checkbox"/> |
| Asthma              | <input type="checkbox"/> | <input type="checkbox"/> |
| Inhaler Prescribed  | <input type="checkbox"/> | <input type="checkbox"/> |
| Shortness of Breath | <input type="checkbox"/> | <input type="checkbox"/> |
| Angina (chest pain) | <input type="checkbox"/> | <input type="checkbox"/> |
| High Blood Pressure | <input type="checkbox"/> | <input type="checkbox"/> |
| Hernia              | <input type="checkbox"/> | <input type="checkbox"/> |

Other \_\_\_\_\_

Other \_\_\_\_\_

Other \_\_\_\_\_

## Injury History

- |                   | Yes                      | No                       |       |
|-------------------|--------------------------|--------------------------|-------|
| Back Problems     | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Knee Problems     | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Ankle Problems    | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Shoulder Problems | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
- Please give description of injury if you answered "yes":*

## Additional Comments

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