

Health / Medical History Questionnaire: (Please complete this section as thoroughly as possible)

Physician's Name: _____ Phone: _____

Does your physician know you are participating in an exercise program? Yes No

Do you have any physical limitations that would restrict/limit participation in any activity? Yes No

If yes, please specify

PERSONAL MEDICAL HISTORY

Please check yes or no for the following questions:

<i>Do you now have or have you had in the past:</i>	Yes	No	<i>If yes, please explain.</i>
Heart disease or stroke			
Irregular heartbeat			
Defective heart valve(s)			
Angina			
Heart attack (MI)			
Pulmonary disease			
Stroke			
Diabetes			
High cholesterol levels			Last measured level:
Depression			
Fatigue			
Peripheral Vascular Disease			
Hypertension			
Cancer			Specify Type:
Back Pain			
Joint Pain			Specify Type:
Migraines/Headaches			
Asthma			Exercise Induced?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Lightheadedness/Fainting			
Allergies			
<i>Females only:</i> Is there a possibility that you could be pregnant?			Are you pregnant?: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many months? _____

FAMILY MEDICAL HISTORY

Please check yes or no for the following questions:

<i>Is there a history of any of the following in your immediate family?</i>	Yes	No	<i>If yes, please explain.</i>
Heart attack prior to the age of 50?			Who?
Heart disease prior to the age of 50?			Who?
Diabetes			
High Cholesterol			
Hypertension			
Stroke			

Please list any major surgeries you have had and the approximate date of each:

_____ date:_____ _____ date:_____

_____ date:_____ _____ date:_____

Please list any medications you are currently taking that may inhibit or affect physical activity.

Do you currently smoke cigars/cigarettes/pipes? Yes No No, but smoked in the past

Please place a check mark next to the most appropriate description of the amount of stress you feel each day.

No Stress Occasional Mild Stress Frequent Moderate Stress Frequent High Stress Constant High Stress

Exercise History Questionnaire

Do you exercise most days of the week?				
<input type="checkbox"/> No, but I would like to in the near future.			<input type="checkbox"/> Yes, I have been for less than 6 months	
<input type="checkbox"/> Not consistently, but I intend to in the next 30 days.			<input type="checkbox"/> Yes, I have been for more than 6 months.	
Do you perform any cardiovascular activity?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
How often?	<input type="checkbox"/> <1 x per month	<input type="checkbox"/> 1-2 x per week	<input type="checkbox"/> 3-5 x per week	<input type="checkbox"/> 6 or more x per week
How long?	<input type="checkbox"/> 10-20 minutes	<input type="checkbox"/> 20-30 minutes	<input type="checkbox"/> 30-40 minutes	<input type="checkbox"/> 45+ minutes
What intensity?	<input type="checkbox"/> light	<input type="checkbox"/> moderate	<input type="checkbox"/> vigorous	
Do you perform any resistance/strength training?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
How often?	<input type="checkbox"/> <1 x per month	<input type="checkbox"/> 1-2 x per week	<input type="checkbox"/> 3-5 x per week	<input type="checkbox"/> 6 or more x per week
How many sets and repetitions?				
_____ Sets _____ Repetitions				
What muscles do you typically train?	<input type="checkbox"/> Abs	<input type="checkbox"/> Arms	<input type="checkbox"/> Back	<input type="checkbox"/> Legs
Shoulders	<input type="checkbox"/> Chest	<input type="checkbox"/>		
Do you perform any flexibility training?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
What are your personal barriers/challenges with exercise?				

Notice Concerning Your Information:

The Texas Public Information Act, with a few exceptions, gives you the right to be informed about the information that The University of Texas at Austin collects about you. It also gives you the right to request a copy of that information; and to have The University correct any of that information that is wrong. You may request to receive and review any of that information, or request corrections to it, by contacting the University's Public Information Officer, Office of Financial Affairs, PO Box 8179, Austin, Texas, 78713 (email: cfo@www.utexas.edu)

**The University of Texas at Austin
Division of Recreational Sports - Fitness/Wellness Program**

RELEASE AND INDEMNIFICATION AGREEMENT

PARTICIPANT:

Name (last name, first name - please print)

Address

City, State, Zip Code

PROFESSIONAL PERSONAL TRAINING / FITNESS ASSESSMENT

I, the above named participant, am eighteen years of age or older and have voluntarily applied to participate in the supervised exercise program described above. I acknowledge that the nature of this activity may result in my illness, personal injury or death and I understand and appreciate the nature of such hazards and risks.

In consideration of my participation in this exercise program, I hereby accept all risk to my health and of my injury or death that may result from such participation and I hereby release The University of Texas at Austin, its governing board, officers, employees and representatives from any and all liability to me, my personal representatives, estate, heirs, next of kin, assigns for any and all claims and causes of action for loss or damage to my property and for any and all illness or injury to my person, including my death, that may result from or occur during my participation in this exercise program, whether caused by negligence of The University of Texas at Austin, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless The University of Texas at Austin and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in the described exercise program.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY AND IT OBLIGATES ME TO IDEMNIFY THE PARTIES NAMED FOR ANY LIABILTY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

Signature of Participant

Date Signed

Signature of Witness

Date Signed