

**Exercise Health Questionnaire**

Today's Date \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current Age \_\_\_\_\_ Status: \_\_\_\_\_ Faculty\* \_\_\_\_\_ Staff\*

Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

\*Dept. \_\_\_\_\_ Home Campus \_\_\_\_\_

Preferred location for workout \_\_\_\_\_ Newark \_\_\_\_\_ Fremont \_\_\_\_\_ Time? \_\_\_\_\_

Date of last physical \_\_\_\_\_ Physician \_\_\_\_\_

**In case of emergency call** \_\_\_\_\_  
**Phone number** \_\_\_\_\_

**Health History:**

*Have you ever had any of the following:* (please check all that apply)

- a heart attack
- heart surgery
- cardiac catheterization
- coronary angioplasty (PTCA)
- pacemaker/implantable cardiac
- defibrillator/rhythm disturbance
- heart valve disease
- heart failure
- heart transplantation
- congenital heart disease

**Heart Disease Risk Factors**

- Family History—heart attack, angioplasty, stint, or sudden death
  - Before age 55 in father or brother
  - Before age 65 in mother or sister
  
- Cigarette smoker
  - You smoke
  - You have quit within the past 6 months
  
- Hypertension
  - Your blood pressure is usually above 140/90
  - You are on medication for high blood pressure
  - Medications for hypertension: \_\_\_\_\_
  
- Blood Sugar
  - Your glucose has been 110 mg/dl or above
  - You are a diabetic

- Cholesterol
  - Your total cholesterol is over 200 mg/dl
  - Your LDL is over 130 mg/dl
  - Your HDL is under 35 mg/dl
  - Your HDL is over 60 mg/dl
  - I do not know any of my cholesterol numbers
  
- Obesity
  - You consider yourself at least 20 lbs. overweight  
Your height \_\_\_\_\_ Your weight \_\_\_\_\_
  
- Exercise Level
  - You are not moderately active for a total of 30 minutes or more on most days of the week

**Other Health Issues**

- You have muscle or joint injury problems. Please list and specify:  
\_\_\_\_\_
  
- You take prescription medication(s).
- You are pregnant.
- You have had cancer. Specify \_\_\_\_\_
- You have fibromyalgia.
- You have osteoarthritis.
- You have other conditions that may limit your exercise. Please list and specify  
\_\_\_\_\_  
\_\_\_\_\_

**Exercise Goals**

What are your exercise goals? Why did you join the OEFW program?

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**Please read and sign this informal consent statement:**

I understand the nature of the Ohlone College Employee Fitness and Wellness Program and its purpose in providing various exercise classes. I am aware that any strenuous activity involves certain risks including, but not exclusive to, cardiovascular problems and orthopedic injuries. I hereby agree to assume the risk of any and all accidents or injuries of any kind which may be sustained by me by reason of or in connection with my participation in the Ohlone College Employee Fitness and Wellness Program, and I hereby release, hold harmless and indemnify Ohlone College, its agents and employees from any claims or causes of action, and all liability or responsibility, for any such accident or injury whether or not such an event or injury is caused by or results from the negligence of the College or its agents or employees.

I hereby agree to abide by all rules and regulations of the Program. I understand that from time to time medical information and data collected may be used for research purposes and I hereby consent to such uses as long as confidentiality is maintained.

**Signature** \_\_\_\_\_  
**Date** \_\_\_\_\_