Butler University
Department of Recreation
Personal Training
Health History Form

Name (Last, First, M.I.)____________________________________________________
Phone:   (      )____________________________________________________________
Date:____________________
Emergency Contact_____________________________Phone______________________
Age_________ Sex: □ M □ F Email:________________________

Are you taking any medications or drugs? If so, please list medication, dose and reason.
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Do you now or have you had in the past: YES NO
1. History of heart problems, chest pain or stroke □ □
2. Increased blood pressure □ □
3. Any chronic illness or condition □ □
4. Difficulty with physical exercise □ □
5. Advice from physician not to exercise □ □
6. Recent surgery (last 12 months) □ □
7. Pregnancy (now or within last 3 months) □ □
8. History of breathing or lung problems □ □
9. Muscle, joint, or back disorder, or any previous injury still affecting you □ □
10. Diabetes or thyroid condition □ □
11. Cigarette smoking habit (cigar, cigarettes, pipe) □ □
12. Obesity (more than 20% over ideal body weight) □ □
13. Increased blood cholesterol □ □
14. History of heart problems in immediate family □ □
15. Hernia or any condition that may be aggravated by lifting weights □ □

Please explain any “YES” answers in space below
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

*Please Indicate Any Other Medical Conditions or Activity Restrictions That You May Have. It is important that this information be as accurate and complete as possible!
Assess your health history by marking all **TRUE** statements:

**History**
You have had:
- ☐ 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

**Symptoms**
- ☐ You experience chest pain or discomfort with exertion.
- ☐ You experience excessive breathlessness.
- ☐ You experience dizziness, fainting, blackouts.
- ☐ You take heart medication(s).

**Cardiovascular risk factors**
- ☐ You are a man older than 45 years.
- ☐ You are a woman older than 55 years or you have had a hysterectomy or you are postmenopausal.
- ☐ You smoke.
- ☐ Your blood pressure is ≥ 140/90.
- ☐ You don’t know your blood pressure.
- ☐ You take blood pressure medication.
- ☐ Your blood cholesterol level is > 200 mg/dL.
- ☐ You take cholesterol-lowering medication.
- ☐ You have a close blood relative who had a heart attack before age 55 (father or brother) or age 65 (mother or sister).
- ☐ You are diabetic or take medicine to control your blood sugar.
- ☐ You are physically inactive (i.e., you get less than 30 minutes of moderate-intensity physical activity on most days of the week).
- ☐ You are more than 20lbs overweight.
- ☐ None of the above is true.

If you marked any of the statements in this section, consult your health care provider before engaging in exercise. You may need to exercise at a facility that has a **medically qualified staff**.

If you marked two or more statements in this section, you should consult your health care provider before engaging in exercise. You might benefit by using a facility that has a **professionally qualified exercise staff** to guide your exercise program.

If you marked two or more statements in this section it is required that your physician fill out the *Medical Release Form*. We must have this on file before you can begin your personal training sessions.
1. Does your physician know you are participating in this exercise program?
_________________________________________________________________________

Physician’s Name_________________________          Physician’s Phone (         )          -

2. Describe any physical activity you do somewhat regularly, include how often and what type.
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

3. Specifically describe what you would like to accomplish through your fitness program during the next:
   1 month_______________________________________________________________
   4 months____________________________________________________________
   1 year_______________________________________________________________

4. What are your personal barriers/challenges with exercise?
_________________________________________________________________________
_____________________________________________________________________

5. Your occupation?_______________________________________________________

   Are you a Butler University employee?   ___Yes     ____No

   If yes, are you only registering for the Fitness Assessment? ___Yes ____No

6. If you were referred to our program by someone, please list their name:
_____________________________________________________________________

7. When are you available to meet with your trainer? Please list as many times as possible and specify a.m. or p.m.
   Monday_______________________  Friday________________________
   Tuesday_______________________  Saturday_____________________
   Wednesday____________________  Sunday________________________
   Thursday______________________

   *How many times per week would you like to meet with your trainer? _______________

   Trainer Preference:  Male_____ Female____  No Preference____

   *If you would like to work with a particular trainer, please indicate name:
NOTES: Please initial on the left of each statement to indicate you have read and understand.

_____ I will be charged in full for a session if less than 24-hour notification is given.

_____ It is my responsibility to notify my trainer of any change in my health status.

_____ All sessions expire six (6) months from the purchase date and are non-transferrable and are non-refundable (unless there is a specific medical condition in which this situation will be re-evaluated).

_____ If you arrive more than 15 minutes late for the scheduled appointment, forfeiture of the session will result and your personal trainer has the right to leave the premises.

_____ This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes.

_____ If I am unable to make the scheduled training session due to illness, emergency, travel or any other circumstance, it is my responsibility to notify my personal trainer 24 hours in advance and reschedule my appointment.

_____ If I do not participate in a training session nor contact my trainer for a 30 day period without advanced notice of an extended absence or medical condition, I will be moved to Inactive Client Status which will may entail having a new trainer assignment if I choose to return to the program. (In this scenario, as stated above, sessions expire 6 months from date of purchase and are non-refundable or transferrable.)

Butler University, the Department of Recreation and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

Name (Last, First, M.I.) _____________________________________________________________________

Signature ___________________________________________ Date: / /

Witness (Personal Trainer) _________________________________________________

**Once you submit your registration packet, it may take up to a week to process your paperwork and pair you with the trainer that will fit your goals and needs. We will do our best to contact you sooner if possible. Please contact Chera McCabe, Fitness Coordinator, with any questions cmccabe2@butler.edu; 317-940-6121.