USI PHYSICAL EDUCATION DEPARTMENT
Physical Fitness Testing
Health History Questionnaire

Date: ______________

General and Demographic Information:
Name: __________________________________________

Current Address: ______________________________________________________

Phone: _______________________________________________________________

Email Address: _________________________________________________________

Primary Email Address: ___________________________ Secondary Email Address: ___________________________

Gender: Male _________ Female _________

Ethnicity: African-American  Asian American  Hispanic

(Circle One) Native American  White  Other

(Circle One)

Academic Year: First Semester Freshmen  First Semester Sophomore  First Semester Junior  First Semester Senior

Second Semester Freshmen  Second Semester Sophomore  Second Semester Junior

To help the PE department and determine if you should consult your doctor before starting to exercise, please read the following questions carefully and answer each honestly. All information will be kept confidential. Please check YES or NO:

YES  NO

1. Has a physician ever told you or do you have high blood pressure?

2. Has a physician ever told you or do you have a high cholesterol level?

3. Do you smoke?

4. Are you obese (more than 30% overweight)?

5. Has anyone in your immediate family (parents/brothers/sisters) had a heart attack, stroke, or cardiovascular disease before age 55?

6. Are you a male over 44 years of age?

7. Are you a female over 54 years of age?

8. Do you have diabetes?

9. Do you have a heart condition? If yes please explain:

10. Have you had a stroke?

11. Do you have epilepsy?

12. Are you pregnant?

13. Do you have emphysema?

14. Do you feel pain in your chest when you engage in physical activity?

15. Do you have chronic bronchitis?

16. Have you had chest pain when you were not doing physical activity in the past month?

17. Do you ever lose consciousness or control of your balance due to chronic dizziness?

18. Are you currently being treated for a bone or joint problem that restricts you from engaging in physical activity?

19. Are you taking any medications or other drugs that might alter your response to physical activity or exercise?

If yes please explain:

20. Is there a good reason not mentioned above why you should not be physically active, even if you wanted to?

If yes please explain:

21. Have you recently had surgery or have special limitations? What are they?

IF YOU ANSWERED…
YES TO ONE OR MORE QUESTIONS
Talk to your doctor by phone BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Testing. Tell your doctor about this health history questionnaire and which questions you answered YES.

· You may be able to do any physical activity you want - as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
· Find out which community programs are safe and helpful for you.

NO TO ALL QUESTIONS
If you answered NO honestly to all health history questions, you can be reasonably sure that you can:

· Start becoming much more physically active - begin slowly and build up gradually. This is the safest and easiest way to go.
· Take part in a fitness appraisal - this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

LIABILITY
I understand that any physical activity I undertake may create physical stress and subsequent harmful effects. I recognize that the use of the equipment in the physical fitness testing entails some risk of accidental injury to myself and to others and I agree that I will use such equipment and facilities with due care. I agree that it is solely my responsibility and not the responsibility of the University of Southern Indiana Physical Education Department to require me to consult with a physician prior to commencing in the Physical Fitness Testing, to remain under medical supervision if that is indicated, and to seek medical assistance in the event of an injury.

Name__________________________________  Signature_____________________  Date ________________

INFORMED CONSENT FOR RESEARCH PURPOSES
Your participation in allowing the University of Southern Indiana Physical Education Department to use your data for research purposes is completely voluntary. Your unwillingness to participate in the research project does not disqualify you from participating in the Physical Fitness Testing. Although absolute confidentiality cannot be guaranteed, confidentiality will be protected to the extent permitted by law. The study sponsor, the USI Institutional Review Board (IRB), or other appropriate agencies may inspect your research records. Should the data collected in this research study be published, your identity will not be revealed.

Your name will remain confidential. Your personal information will not be made public. By signing below, you are allowing the University of Southern Indiana Physical Education Department the right to utilize your data for research purposes.

Name__________________________________  Signature_____________________  Date ________________


FOR INSTRUCTOR USE:
Risk areas discussed:__________________________________________________________

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Modifications made by instructor due to risk factors:________________________________

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Instructor Signature  Date  Student Signature  Date