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**CONFIDENTIAL MEDICAL PROFILE**

Name (please print neatly) \_\_\_\_\_ Days/time class meets \_\_\_\_\_  
Local address \_\_\_\_\_  
Local phone number where you can be reached during the day \_\_\_\_\_ evening \_\_\_\_\_  
e-mail \_\_\_\_\_ Age\* \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Please identify your reasons for taking this class and/or any personal fitness goals you would like to achieve this semester/quarter?

Has a physician or medical specialist ever stated that you have any of the following conditions? Please be honest in your response. Some conditions require specific exercise modifications in order to provide you with the safest and most effective workout.

_____ allergies	_____ joint/muscle injury
_____ arthritis	(please specify _____)
_____ asthma	_____ low back discomfort (when _____)
_____ coronary heart disease	_____ migraine headaches
_____ diabetes (_Type I or _Type II)	_____ pregnant (what trimester _____)
_____ dysmenorrhea	_____ sciatica
_____ epilepsy	_____ scoliosis
_____ heart murmur	_____ whip lash (when _____)
_____ high blood pressure	_____ other _____

Have you had any recent surgery? \_\_\_\_\_ If so, explain \_\_\_\_\_

Do you take any medication on a regular basis? \_\_\_\_\_ If so, please indicate the type and reason for taking: \_\_\_\_\_

Are you trying to become pregnant? \_\_\_\_\_ Are you currently lactating? \_\_\_\_\_

Do you smoke? \_\_\_\_\_ How many \_\_\_\_\_ cigarettes/day or packs/day? (circle one)

**I am aware of my general health status, know my physical limitations, and my doctor approves of my involvement in weight-bearing exercise. I will, therefore, proceed at a "safe" level of exercise and notify my instructor about any change in my present condition.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\*Male students over 45 years old and female students over the age of 55 should consult a physician prior to initiating a vigorous exercise program.