

Health and Fitness History Questionnaire

Health Questionnaire

Member Name: _____

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Date of Birth MM-DD-YY
(Required)

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Employee ID (Required)

Age: _____ Location: _____ Ext. _____ Email Address: _____

Regular activity is safe for most people. However, some individuals should check with their doctor before they start an exercise program. To help us determine if you should consult with your doctor before starting to exercise with QuadMed, please read the following questions carefully and answer each one honestly. **ALL INFORMATION WILL BE KEPT CONFIDENTIAL.**

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you now or have you ever had high blood pressure or hypertension? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you have epilepsy or seizures? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Are you pregnant? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you now or have you ever had diabetes? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you have asthma or emphysema? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you have neurological problems? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you have chronic medical conditions that restrict your activity? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you now or have you ever had a heart condition? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you have a medical condition for which you take medication on a daily basis? If yes, please list those medications: |

Fitness Questionnaire

- How familiar are you with exercise equipment?
 - I have never used fitness equipment (skip question #2)
 - I have used fitness equipment but it has been awhile.
 - I have used fitness equipment, but am not familiar with the equipment at this location.
 - I have used fitness equipment and am knowledgeable regarding equipment.
- How long has it been since you have used fitness equipment?
- What are your fitness goals?
- Have you had any recent injuries, or do you have any musculoskeletal issues?
- Are you a current tobacco user or recently quit less than 6 months ago?

By signing below, I agree that you may release the above information to the QuadMed wellness team to evaluate my participation in an exercise program.

Employee Signature: _____

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Date MM-DD-YY (Required)