1. What are your goals with this exercise program?

_______________________________________________________________________________

2. How many days and hours per week would you like to devote to your exercise program?

_______________________________________________________________________________

3. Have you been on an exercise program for longer than eight consecutive weeks in the past two years? Yes___ No___

   If yes, please explain. ____________________________________________________________

4. Please explain your concept of fitness. __________________________

   ____________________________________________________________

5. What experiences do you have with exercise and exercise equipment?

   ____________________________________________________________

6. Do you now have or have you ever had any medical or orthopedic condition that prevents/prevented you from exercise? Yes___ No___

   If yes, please explain. ____________________________________________________________

7. Have you ever been advised by a medical professional to stop or not begin an exercise program? Yes___ No___

   If yes, please explain. ____________________________________________________________

8. Do you smoke? Yes___ No___ If yes, how much? ____________________________________

9. Have you had any injuries that have required medical attention? Yes___ No___

   If yes, please explain. ____________________________________________________________

10. Does any person in your immediate family have a history of high blood pressure, heart disease, or diabetes? Yes___ No___

    If yes, please explain. ____________________________________________________________

11. When was the last time you had a physical examination? ____________________________

    What were the results? ____________________________________________________________

12. Are you currently taking any medications? Yes___ No___

    If yes, please specify. ____________________________________________________________
13. What do you expect from your personal trainer? ______________________________________
________________________________________________________________________________

I, ____________________________________, UNDERSTAND THE RISKS INVOLVED IN THE USE OF WEIGHT TRAINING EQUIPMENT. I ASSUME THE RISKS, REALIZING THAT I AM SUBJECT TO INJURY FROM THIS TYPE OF ACTIVITY, AND UNDERSTAND THAT NO FORM OF PREPLANNING CAN REMOVE ALL THE DANGER TO WHICH I AM EXPOSING MYSELF.

THE PARTIES TO THIS CONTRACT AGREE THAT THE STATE OF NEW MEXICO, THE NEW MEXICO BOARD OF REGENTS, AND UNM SHALL BE INDEMNIFIED AND HELD HARMLESS BY THE PARTICIPANT FOR ITS VICARIOUS LIABILITY AS A RESULT OF ENTERING INTO THIS CONTRACT. HOWEVER, THE PARTIES FURTHER AGREE THAT THE STATE OF NEW MEXICO, THE NEW MEXICO BOARD OF REGENTS, AND UNM SHALL BE HELD RESPONSIBLE FOR ITS OWN NEGLIGENCE. EACH PARTY TO THIS CONTRACT IS RESPONSIBLE FOR ITS OWN NEGLIGENCE.


____________________________________
PARTICIPANTS NAME (PLEASE PRINT)

_______________________________________
DATE ____________

PARTICIPANTS SIGNATURE

PLEASE NOTE: TO FACILITATE THE BEST SERVICES FOR ALL OF OUR CUSTOMERS, WE HAVE INSTITUTED A CANCELLATION POLICY. CANCELLATIONS MUST BE MADE AT LEAST 12 HOURS PRIOR TO YOUR APPOINTMENT. IF YOU FAIL TO CANCEL YOUR APPOINTMENT YOU HAVE TWO CHOICES: THE MISSED APPOINTMENT WILL COUNT AS ONE OF YOUR SESSIONS OR YOU CAN RE-SCHEDULE THE APPOINTMENT AT THE COST OF $20.00. IF SHOW UP AFTER FIFTEEN MINUTES LATE, YOUR TRAINER HAS THE RIGHT TO FORFEIT THAT SESSION...OR THE SESSION CAN START LATE BUT END ON TIME.

_________ INITIAL
**HEALTH HISTORY FORM**

Name: ___________________________________________ Date: __________________
Address: __________________________ Phone: __________________
Age: ______________ Sex: □ Male  □ Female

Physician's Name: ____________________________________________________________________
Physician's Address: ______________________ Phone: ________________

Person to Contact in Case of Emergency:
Name:____________________________________ Phone: _________________

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

Does your physician know you are participating in this exercise program?
_________________________________________________________________________________

Describe any physical activity you do somewhat regularly.
_________________________________________________________________________________
_________________________________________________________________________________

---

**Do you now, or have you had in the past:**

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. History of heart problems, chest pain or stroke.</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. Increased blood pressure.</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>3. Any chronic illness or condition.</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>4. Difficulty with physical exercise.</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>5. Advice from a physician not to exercise.</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>6. Recent surgery (last 12 months).</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>7. Pregnancy (now or within last 3 months).</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>8. History of breathing or lung problems.</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>9. Muscle, joint or back disorder, or any previous injury still affecting you.</td>
<td>☐</td>
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<tr>
<td>10. Diabetes or thyroid condition.</td>
<td>☐</td>
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<tr>
<td>11. Cigarette smoking habit.</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>12. Obesity (more than 20 percent over ideal body weight).</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>13. Increased blood cholesterol.</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>15. Hernia, or any condition that may be aggravated by lifting weights.</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Please explain any “YES” answers on the back.

COMMENTS:
________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

THIS HEALTH HISTORY IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.
The Physical Activity Readiness Questionnaire – PAR Q

PAR Q & YOU – A Questionnaire for People Age 15 to 69

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

YES    NO
☐    ☐ 1. Has your doctor ever said that you have a heart condition and that you should only do physical activities recommended by a doctor?
☐    ☐ 2. Do you feel pain in your chest when you do physical activity?
☐    ☐ 3. In the past month, have you had chest pain when you were not doing physical activity?
☐    ☐ 4. Do you lose your balance because of dizziness or do you ever lose consciousness?
☐    ☐ 5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
☐    ☐ 6. Is your doctor currently prescribing drugs (example, water pills), for your blood pressure or heart condition?
☐    ☐ 7. Do you know of any other reason why you should not do physical activity?

If you answered Yes to one or more questions:
✓ Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR Q and which questions you answered Yes.
✓ You may be able to so any activity you want-as long as you start slowly and build up gradually. Or you may need to restrict your activities to those that are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advise.
✓ Find out which community programs are safe and helpful to you.

If you answered No honestly to all PAR Q questions, you can be reasonably sure that you can:
✓ Start becoming much more physically active-begin slowly and build up gradually. This is the safe 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.

DELAY BECOMING MUCH MORE ACTIVE:
✓ If you are not feeling well because of a temporary illness such as a cold or a fever-wait until you fell better; or
✓ If you are or may be pregnant-talk to your doctor before you start becoming more active.

Please note: If your health changes so that you then answer Yes to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.
Informed Use of the PAR Q: The Canadian Society for Exercise Physiology, Health Canada, 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.

You are encouraged to copy the PAR Q but only if you use the entire form.

Note: If the PAR Q is being given to a person before he or she participates in a physical activity program or a physical appraisal, this section may be used for legal or administrative purposes.

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

Name

________________________________________

Signature                                    Date

Signature of Parent/Guardian (for participants under 18 years)    Witness