COURTS PLUS SM

HEALTH QUESTIONNAIRE

NAME:_____PH.#_____DATE:_____

ADDRESS:_____

TOWN:_____STATE:_____ZIP:_____

AGE:_____BIRTHDATE:_____HEIGHT:_____WEIGHT:____SEX:__M __F

HEALTH HISTORY

Do you have or have you ever had any of the following?

1. Heart Attack (S)	YES	NO
2. Stroke (S)	YES	NO
3. High Blood Pressure (>140/90)*	YES	NO
4. Diabetes (glucose >100mg/dl)*	YES	NO
5. Heart Disease (S)	YES	NO
6. Abnormal EKG (S)	YES	NO
7. High Cholesterol (>200mg/dL)*	YES	NO
(LDL > 130 mg/dL HDL < 40 mg/dL)		
8. Medication for the Heart or Blood Pressure	YES	NO
9. Chest Pain While Exercising (S)	YES	NO
10. Shortness of breath with mild exertion (S)	YES	NO
11. Dizziness (S)	YES	NO
12. Difficulty breathing while lying down (S)	YES	NO
13. Ankle swelling (edema) (S)	YES	NO
14. Palpitations or tachycardia (S)	YES	NO
15. Claudication (limping, pain, weakness in leg) (S)	YES	NO
16. Known heart murmur (S)	YES	NO
17. Cigarette smoking within last 6 months*	YES	NO
18. Are You Pregnant?	YES	NO
** Physicians permission required to exercise		
19. Obesity*	YES	NO
20. Sedentary Lifestyle*	YES	NO
21. Family History of Heart Problems or Coronary disease*	YES	NO

Please list any prescription medication you are currently taking:

Prescription Medication:	*What For:*

(OVER)

HEALTH HISTORY, continued...

Do you or have you ever had any of the following?

Anemia	YES	NO	Bronchitis	YES	NO
Headaches	YES	NO	Daily Coughing	YES	NO
Emphysema	YES	NO	Shortness of Breath	YES	NO
Kidney Problems	YES	NO	Thyroid Problems	YES	NO
Broken Bones	YES	NO	Low Back Pain	YES	NO
Arthritis	YES	NO	Joint Injury	YES	NO
Muscle Injury	YES	NO			

Have you had any hospitalizations? YES NO

{Staff use: + Risks* _____ Subtract 1 risk if HDL is > 60 mg/dL
Add 1 risk if age is Men > 45 yrs. Women > 55 yrs.}

I realize that my answers to the above questions will be considered by the Courts Plus Staff in determining an appropriate exercise program and/or testing. I understand that **1 or more** signs or symptoms suggestive of cardiovascular and/or pulmonary disease (S) will require a physician's approval before I begin a moderate to vigorous exercise program. I further understand that having **2 or more risk factors (*)** will require a physician's approval before I begin a vigorous exercise program. I also realize that it is my responsibility to inform Courts Plus Staff of any health changes that I incur.

I will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with said programs/activities.

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in these program/activities against the Elmhurst Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred to as "Elmhurst Park District").

I do hereby fully release and forever discharge the Elmhurst Park District from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with these programs/activities.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims.

SIGNATURE: _____ DATE_____

STAFF: _____DATE_____