



HEALTH QUESTIONNAIRE

NAME: _____ PH.# _____ DATE: _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

AGE: _____ DOB : _____ HEIGHT: _____ WEIGHT: _____ SEX: **F** **M**

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) YES ___ NO ___
- 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 Pregnat? (**Physician Perm. Required) YES ___ NO ___
- 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: _____ What For: _____

Prescription: _____ What For: _____

Prescription: _____ What For: _____

Prescription: _____ What For: _____

Prescription: _____ What For: _____

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 _____