UNIVERSITY OF MIAMI
PATTI & ALLAN HERBERT
WELLNESS CENTER

FITNESS/WELLNESS PROGRAMS

MEDICAL HISTORY FORM

Name (First and Last):	D.O.B
Email:	Preferred Phone Number:
C#:	Gender:

Please indicate which service(s) you are registering for:

Fitness Programs:

☐ **Personal Training (includes assessment)**
☐ **LIFE Senior Fitness Program (includes assessment)**
☐ **Supervised Exercise Program (includes assessment)**
☐ **Private Pilates**

Fitness Lab Testing:

☐ **VO2 max testing (M.D. consent maybe required)**
☐ **Bod-Pod (Body Composition)**
☐ **CHAMP/General Fitness Assessment**
☐ **Resting Metabolic Rate**
☐ **Computerized Dietary Analysis**

Assess your health by marking all true statements:

You have had:

☐ heart attack
☐ heart failure
☐ cardiac arrhythmia
☐ known heart murmur
☐ congenital heart disease
☐ any heart surgery
☐ coronary angioplasty
☐ heart palpitations

You have:

☐ experienced chest pain with mild exertion
☐ experienced dizziness, fainting, or blackouts with mild exertion
☐ experienced unusual fatigue or shortness of breath during usual activities
☐ been prescribed heart medications (please indicate):_____

Check all that apply:

☐ you are a man older than 45 years
☐ you are a woman older than 55 years
☐ you take blood pressure medication
☐ you smoke
☐ your blood pressure is greater than 140/90
☐ you are physically inactive.
☐ you are a diabetic or take medicine to control your blood sugar
☐ you have high cholesterol >200 (or HDL < 35 mg/dL or LDL > 169 mg/dL) or take cholesterol medication
☐ you have a close blood relative who had a heart attack before age 55 (father/brother) or age 65 (mother/sister)
☐ Bone/Joint problem: _____
☐ low back pain
☐ Recent injury/surgery: _____
☐ unusual muscle fatigue/soreness

List all medications, physical limitations, recent surgeries or injuries that may interfere with the service you are registering for (please include date(s) if applicable):

APPOINTMENT CANCELLATIONS MUST BE MADE 24 BUSINESS HOURS IN ADVANCE. FAILURE TO DO SO WILL RESULT IN A $10.00 ADMINSTRATIVE FEE.

WAIVER AND SIGNATURES

I have answered the questions accurately and correctly. I understand that my medical history is an important factor in the development of my exercise and fitness program. Medicine is not an exact science and no guarantees can be made as to the safety of exercise activities. I understand that known, unknown or undisclosed medical or physical conditions may result in injury. I knowingly and willingly assume all risks, and I hereby release The Department of Wellness and Recreation, The University of Miami, its agents and employees from any and all liability, damage, or loss arising of/or resulting from my participation in this program or service, especially including any negligence of the University's part.

Participants Signature Date

Witness Signature (mandatory if under 18 years old) Date