

HEALTH REVIEW

This form is to help you and your doctor make educated decisions on your exercise abilities due to your physical activity readiness and health history. Questions should be reviewed annually to determine if any answers have changed within the last 12 months.

Date: _____ Age: _____ Gender: _____

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

Regular exercise is beneficial to your health in general; however one must be responsible and careful about any associated injury risk. Please fill out the form below so that your doctor can be properly informed and make any helpful recommendations in accordance with your risk profile.

Please answer by either circling YES or NO to the following questions:

1. Has a doctor ever said you have a heart condition and recommended only medically supervised activity?	YES NO
2. When you do physical activity do you feel pain in your chest?	YES NO
3. Do you tend to lose consciousness or fall over as a result of dizziness?	YES NO
4. Has a doctor ever recommended medication for your blood pressure or a heart condition?	YES NO
5. Are you on any medications that your doctor feels are not conducive to physical activity?	YES NO
6. Do you have a bone or joint problem that could be aggravated by the proposed physical activity?	YES NO
7. Are you pregnant or post-partum?	YES NO
8. Do you have insulin dependent diabetes?	YES NO
9. Are you over the age of 65 and not accustomed to vigorous activity?	YES NO
10. Are you aware, through your own experiences or a doctor's advice, of any other physical reason against your exercising without medical supervision?	YES NO

HEALTH HISTORY QUESTIONNAIRE

Do you now or have had in the past:

1. History of heart problems, chest pain or stroke	YES NO
2. Increased blood pressure	YES NO
3. Any chronic illness or condition	YES NO
4. Arthritis	YES NO
5. Advise from physician not to exercise	YES NO
6. Recent surgery within last 12 months	YES NO
7. Hernia	YES NO
8. History of breathing or lung problems	YES NO
9. Muscle, joint or back disorder	YES NO
10. Diabetes or thyroid condition	YES NO
11. Smoking habit	YES NO
12. Increased blood cholesterol	YES NO
13. History of heart problems in immediate family	YES NO

If you answered YES to any one question, please get medical authorization from your doctor before starting the MY MODEL BODY® exercise program. If you answered NO to all questions, you can be reasonably sure that you are fit to undertake physical activity workouts without a physician's release. If you plan on having family members exercise with you, please have them fill out this form as well. Safety first!