

FIRST PRESBYTERIAN CHURCH OF CRANBURY NEW JERSEY

SENIOR EXERCISE HEALTH INFORMATION SHEET**

NAME (PLEASE PRINT) _____

DATE _____ HOME PHONE # _____

SEX M F DATE OF BIRTH _____ CELL PHONE # _____

ADDRESS _____

PHYSICIAN'S NAME & NUMBER _____

PERSON TO CONTACT IN CASE OF EMERGENCY _____

RELATIONSHIP _____ PHONE # _____

ARE YOU TAKING ANY MEDICATIONS OR DRUGS? YES _____ NO _____

IF YES, WHAT? _____

Does your physician know you are participating in this exercise program? YES _____ NO _____

DESCRIBE YOUR EXERCISE PROGRAM AT THE PRESENT TIME:

DO YOU NOW HAVE OR HAVE YOU HAD IN THE PAST: YES NO

- | | | |
|--|-------|-------|
| 1. HISTORY OF HEART PROBLEMS, CHEST PAIN OR STROKE | _____ | _____ |
| 2. INCREASE BLOOD PRESSURE | _____ | _____ |
| 3. ANY CHRONIC ILLNESS OR CONDITION | _____ | _____ |
| 4. DIFFICULTY WITH PHYSICAL EXERCISE | _____ | _____ |
| 5. ADVICE FROM PHYSICIAN NOT TO EXERCISE | _____ | _____ |
| 6. RECENT SURGERY (LAST 12 MONTHS) | _____ | _____ |
| 7. ARTIFICIAL JOINTS | _____ | _____ |
| 8. HISTORY OF BREATHING OR LUNG PROBLEMS | _____ | _____ |
| 9. MUSCLE, JOINT OR BACK DISORDERS | _____ | _____ |
| 10. DIABETES OR THYROID CONDITION | _____ | _____ |
| 11. CIGARETTE SMOKING HABIT | _____ | _____ |
| 12. OBESITY (MORE THAN 20% OVER IDEAL BODY WEIGHT) | _____ | _____ |
| 13. INCREASED BLOOD CHOLESTEROL | _____ | _____ |
| 14. HISTORY OF HEART PROBLEMS IN IMMEDIATE FAMILY | _____ | _____ |
| 15. HERNIA, OR ANY CONDITION THAT MAY BE
AGGRAVATED BY EXERCISE | _____ | _____ |
| 16. ALLERGIES | _____ | _____ |

17. PLEASE EXPLAIN ANY YES ANSWERS BELOW:

** THIS FORM IS FOR THE INSTRUCTORS USE ONLY AND WILL NOT BE RELEASED TO ANY OTHER PERSON OTHER THAN EMERGENCY MEDICAL PERSONEL SHOULD YOU NEED THEIR SERVICES AND ARE UNABLE TO PROVIDE SUCH INFORMATION YOURSELF