



BINGHAMTON UNIVERSITY
Department of Health, Physical Education, & Athletics

MEDICAL HISTORY FORM

Name \_\_\_\_\_ Date \_\_\_\_\_

B# \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Year: FR SO JR SR

Physician=s Name \_\_\_\_\_ Physician=s Telephone # \_\_\_\_\_

Person to Contact in Case of Emergency:

Name \_\_\_\_\_ Relation \_\_\_\_\_
Home Telephone # \_\_\_\_\_ Work Telephone # \_\_\_\_\_

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What regular physical activity do you present do? \_\_\_\_\_

Does your physician know that you are participating in a dance/exercise program? \_\_\_\_\_

Do you have any allergies? If so, what? \_\_\_\_\_

Please list ALL medications that you are presently taking:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you now or have you been pregnant within the past three months? \_\_\_\_\_

Please answer the following questions:

(Note: Please base your answers on episodes over the past THREE years, EXCEPT those questions marked with \*)

YES NO

- 1. Do you have any chronic or recurrent illness?
2. Do you have a history of heart problems?
3. Episodes of chest pain at rest or during exertion?
4. Shortness of breath?
5. Have you experienced uneven, irregular or skipped heartbeats?
6. Do you have high blood pressure?
7. Do you have nay episodes of dizziness, seizures or convulsions?
8. Have you ever fainted?
\*9. Is heart disease present in your family?
\*10. Have you ever been told that a member of your family died suddenly or had a heart attack at an early age?
11. Do you have high blood cholesterol?
12. Do you have a history of lung problems?
13. Do you have a cigarette-smoking habit? How much?

14. Are you a diabetic?	_____	_____
<b>Page 2</b>	<b>YES</b>	<b>NO</b>
15. Are you asthmatic?	_____	_____
16. Are you obese? (more than 30% overweight?)	_____	_____
17. Do you have anorexia or bulimia?	_____	_____
18. Have you had recent surgery?	_____	_____
19. Do you have any muscle, joint, or back disorder that could be aggravated by physical activity?	_____	_____
20. Have you been diagnosed with mononucleosis?	_____	_____
21. Do you have difficulty with physical exercise?	_____	_____
22. Have you received advice from a physician not to exercise?	_____	_____
23. Do you know of or believe there is ANY reason why you should not participate in this exercise program?	_____	_____

If you have answered YES to **QUESTIONS 1 - 23**, please give a brief (but detailed) explanation below:

Please read the following **carefully**, then sign and date the form

Although exercise testing and exercise participation are relatively safe for most apparently healthy individuals under the age of 45, the reaction of the cardiovascular system to increased levels of physical activity cannot always be predicted. Consequently, there is a small but real risk of certain changes occurring during exercise testing and participation. It is, therefore, of great importance that you have answered ALL questions HONESTLY. Understand that exercise may be contraindicated for some of the conditions listed above; others simply may require special consideration.

If any of the above medical conditions on this form apply, you should consult your physician before beginning an exercise program. You should also promptly report to your instructor any exercise-related abnormalities that you may experience during the course of the semester.

I HAVE READ THE ABOVE AND UNDERSTAND THAT HEALTH PROBLEMS MAY AFFECT MY ABILITY TO PARTICIPATE IN THIS CLASS.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_