

THE SONNENTAG

HEALTH HISTORY QUESTIONNAIRE

Name _____ Date _____

Date of Birth _____ Age _____ Gender _____ Height _____ Weight _____

Emergency Contact _____ Relationship _____

Emergency Contact Phone _____

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Have you ever had a definite or suspected heart attack or stroke? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have any cardiovascular (heart) or pulmonary (lung) disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have any other cardiovascular condition or abnormalities? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have any history of diabetes, thyroid, liver, or kidney disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you currently taking any medications? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. If you answered "Yes" to questions #1-5, please describe: | | |

- | | Yes | No |
|---|--------------------------|--------------------------|
| 7. Do you have any problems with bones, joints, or muscles that become aggravated while exercising? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you have any back or neck problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you been told by a health professional that you should not exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. If you answered "Yes" to questions #7-9, please describe: | | |

Are there any additional health concerns you wish for your personal trainer to know of?

I have answered the Health History Questionnaire questions accurately and completely. I understand that my medical history is a very important factor in the development of my fitness and wellness program and will notify my trainer of any changes. I understand that the University has advised me to seek the advice of my physician before participating in this activity. I understand that I have been advised to have health and accident insurance in effect and that no such coverage is provided for me by UWEC or the State of Wisconsin. I know, understand, and appreciate the risks that are inherent in this program and hereby assert that my participation is voluntary and that I knowingly assume all such risks.

In consideration of permission for me to voluntarily participate in program, today and on all future dates, I agree to defend, hold harmless, indemnify and release the Board of Regents of the University of Wisconsin System, the University of Wisconsin-Eau Claire ("UWEC"), and their officers, employees, agents, and volunteers, from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result from my participation in the above-listed program. This release includes claims based on the negligence of the Board of Regents of the University of Wisconsin System, the University of Wisconsin-Eau Claire, and their officers, employees, agents, and volunteers, but expressly does not include claims based on their intentional misconduct or gross negligence. I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue.

I authorize UWEC and its designated representatives to consent, on my behalf, to any emergency medical/hospital care or treatment to be rendered upon the advice of any licensed physician. I will be responsible for all charges incurred by hospitalization or treatment rendered pursuant to this authorization.

Client's Signature _____ Date _____