



**Central Oregon Community College  
Exercise Physiology Lab  
Medical History Form**

All information is private and confidential

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone-Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_

What would you like to gain from this test? \_\_\_\_\_

Assess your health status by marking all **true** statements:

**History**

**I have had:**

- \_\_\_\_\_ Heart attack
- \_\_\_\_\_ Coronary Artery Bypass Grafting
- \_\_\_\_\_ Cardiac Catheterization
- \_\_\_\_\_ Angioplasty (PTCA), Coronary Stent(s)
- \_\_\_\_\_ Pacemaker/Implantable cardiac defibrillator
- \_\_\_\_\_ Heart Arrhythmia
- \_\_\_\_\_ Heart Valve disease/defect
- \_\_\_\_\_ Stroke
- \_\_\_\_\_ Heart Failure
- \_\_\_\_\_ Heart Transplant
- \_\_\_\_\_ Congenital Heart Disease

**Symptoms**

- \_\_\_\_\_ I experience chest discomfort with exertion.
- \_\_\_\_\_ I experience chest discomfort at rest.
- \_\_\_\_\_ I experience unreasonable breathlessness.
- \_\_\_\_\_ I experience dizziness, fainting, or blackouts.
- \_\_\_\_\_ I take heart medication(s).

**Other health issues**

- I have diabetes.
  - I have asthma or other lung disease.
  - I have burning or cramping sensations in my lower legs when walking short distances.
  - I have musculoskeletal problems that limit my physical activity.
  - I have concerns about the safety of exercise.
  - I am pregnant.
  - I take the prescription medication(s) listed here:
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**\*\* If you marked any of these statements in this section, consult your physician or other appropriate health care provider before engaging in physical exercise. You may need to be tested at a facility such as a hospital that monitors your heart rhythm or electrocardiogram.**

**Cardiovascular Risk Factors**

- I am a man older than 45 years.
- I am a woman older than 55 years
- I am a woman who has had a hysterectomy, or am postmenopausal.
- I smoke or I quit smoking within the previous 6 months.
- My blood pressure is  $\geq 140/90$  mmHg.
- I do not know my blood pressure.
- I take blood pressure medication(s).
- I have a total blood cholesterol level of  $>200$  mg/dL.
- I do not know my blood cholesterol level.
- I take blood cholesterol medication(s).
- I have a close blood relative who had a heart attack or heart surgery before age 55 (father or brother) or age 65 (mother or sister).
- I am physically inactive, therefore I exercise  $<30$  minutes on at least 3 days per week.
- I am  $>20$  pounds overweight.

Please explain any other significant medical problems that you consider important for us to know, for example HIV +, Hepatitis...

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Are you currently involved in a regular exercise program? \_\_\_\_\_  
Average number of hours per week \_\_\_\_\_  
What activities do you participate in?

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THANK YOU!