

## Personal History – PE 9A

First (Given) Name \_\_\_\_\_ Last (Family) Name \_\_\_\_\_ Student # \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Major/Occupation \_\_\_\_\_

Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you taken PE 50 or PE 51 before, or attended a Fitness Center orientation and filled out the paperwork? \_\_\_Y \_\_\_N

**HEALTH HISTORY** Date of last physical exam \_\_\_\_\_

Results relevant to this class \_\_\_\_\_

Personal Health History	yes	no	Explain Yes Answers
Are you over age 65 and unaccustomed to vigorous exercise?			
Do you have frequent heart / chest pains?			
Has a doctor ever said your blood pressure was too high?			
Has a doctor ever told you that you have a bone or joint problem, such as arthritis, that has been aggravated by exercise?			
Has your doctor ever said you have heart trouble?			
Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to?			

If you answered yes to any of the above, do you have your Doctor's clearance to exercise? \_\_\_yes \_\_\_no

Describe current medications you are taking:

Describe chronic or serious illnesses you suffer from:

Describe recent hospitalizations/surgeries (within the last year or two):

Do you smoke? \_\_\_yes \_\_\_no If no, have you ever smoked? \_\_\_yes \_\_\_no

Recent weight change of more than ten pounds? \_\_\_yes \_\_\_no If yes, is it a result of \_\_\_ diet and/or \_\_\_ exercise?

### **LIFESTYLE**

Current stress level: \_\_\_ low \_\_\_ moderate \_\_\_ high \_\_\_ through-the-roof

Is your division between work and leisure time well-balanced? \_\_\_yes \_\_\_no

Rate your current dietary/nutritional habits: \_\_\_ poor \_\_\_ acceptable \_\_\_ outstanding

Current Activity Level: \_\_\_ extremely high \_\_\_ high \_\_\_ moderate \_\_\_ low \_\_\_ sedentary

**ACTIVITY HABITS** Describe activities of moderate to high effort you do regularly, and how much you participate:

Describe activities you don't participate in but would like to, and why you don't:

List home exercise equipment/devices: \_\_\_\_\_

### **FITNESS GOALS:**

- |                                   |                                      |                            |
|-----------------------------------|--------------------------------------|----------------------------|
| ___ Gain Weight/Muscle            | ___ Improve Cardiovascular Fitness   | ___ Improve Flexibility    |
| ___ Improve Muscular Tone/Shape   | ___ Improve Strength                 | ___ Increase Energy        |
| ___ Lose Weight/Inches            | ___ Prevent Injury                   | ___ Reduce Stress          |
| ___ Rehab Injury (describe below) | ___ Sports Training (describe below) | ___ Other (describe below) |

**FITNESS TESTING**

**Body Composition - Skinfold**

Date	Pectoral	Axilla	Tricep	Subscap	Abdominal	Iliac	Femoral	% Fat

**Body Mass Index**

Date	Weight	BMI	Classification

**Body Comp - Impedance**

Date	% Fat

**Cardiovascular Capacity**

Date	Protocol	Weight	Time	HR	VO <sub>2</sub> Max

**Strength/Flexibility**

Date	Wall Sit (mm:ss)	Push-Up (#)	Hip Flexion (degrees)	( )	( )