

Plainfield Fitness Center
Biographical Form

Date ___/___/___

SS# _____/_____/_____

Last Name _____ First Name _____

Address _____ City _____ Zip _____

Home Phone (____)____-____ Work (____)____-____

Birth Date ___/___/___ Gender (M/F) _____

In case of an emergency contact _____

Home Phone (____)____-____ **Work** (____)____-____

User Fitness Goals

Please check each **goal** that applies to you.

- ___ Lose weight and/or inches
- ___ Gain weight and/or inches
- ___ Firm up or tone muscles
- ___ Build endurance
- ___ Improve athletic performance
- ___ Reduce percent body fat
- ___ Reduce cardiovascular risk
- ___ Lower cholesterol level
- ___ Lower blood sugar level
- ___ Quit smoking
- ___ Maintain current fitness level
- ___ Leisure/Social activity
- ___ Reduce stress

Note: This form may be used more than once.

Please check your responses under the physical history section.

If everything is correct, and you are in agreement with the release on the other side, sign your name and the current semester.

Physical History

Circle “**Y**” (yes) or “**N**” (no) before each entry that applies to you.

- Y/N Has your **doctor** ever said you had **heart problems**?
- Y/N Do you frequently have pain in your heart or chest?
- Y/N Do you suffer from severe dizziness?
- Y/N Do you have any orthopedic problems such as arthritis or back problems, that might be aggravated by exercise?
- Y/N Are you over age 65 and not accustomed to vigorous exercise?
- Y/N Have you been told by a doctor that your blood pressure was too high? Over 140/90?
- Y/N Has a physician advised you **not** to exercise for any reason?
- Y/N Family history (parents, grandparents, brothers, sisters) of heart disease prior to the age of 50?
- Y/N High cholesterol?
- Y/N Smoker?
- Y/N Abnormal resting ECG?
- Y/N Are you on **high blood pressure medication or heart medication**?
- Y/N Frequent headaches?
- Y/N Diabetes, epilepsy, asthma, pregnant?