

Health Information Form

Step 1: Individuals who participate in the University of Pittsburgh Health and Fitness Programs offered by the University's Department of Health and Physical Activity must complete and submit this Health Information form prior to participating in these programs. Please answer the following questions honestly and accurately.

During the past 12 months, have you at anytime (at rest or during activity), experienced any chest pain, discomfort, pressure or tightness in your chest? Or had jaw or radiating pain down your arms?	NO <input type="checkbox"/>	YES <input type="checkbox"/>
During the past 12 months have you experienced difficulty breathing or had shortness of breath?	NO <input type="checkbox"/>	YES <input type="checkbox"/>
Are you currently or have you ever been under physician care for, or been told by a physician that you have, a heart or lung condition?	NO <input type="checkbox"/>	YES <input type="checkbox"/>
Do you have asthma or another lung disease?	NO <input type="checkbox"/>	YES <input type="checkbox"/>
Have you experienced dizziness, fainting or blacking out?	NO <input type="checkbox"/>	YES <input type="checkbox"/>
Have you been diagnosed with diabetes?	NO <input type="checkbox"/>	YES <input type="checkbox"/>
Have you been diagnosed with or are you being treated for high blood pressure?	NO <input type="checkbox"/>	YES <input type="checkbox"/>
Do you have total cholesterol greater than 200 mg/dl or HDL cholesterol less than 35 mg/dl or are you being treated for high cholesterol?	NO <input type="checkbox"/>	YES <input type="checkbox"/>
Do you have bone or joint (back, knee, hip) pain that could be made worse by a change in your activity level?	NO <input type="checkbox"/>	YES <input type="checkbox"/>
Do you have a blood relative who had a heart attack or heart surgery before the age of 55 (men) or 65 (women)?	NO <input type="checkbox"/>	YES <input type="checkbox"/>
Have you had recent surgery?	NO <input type="checkbox"/>	YES <input type="checkbox"/>
If you are a female, are you currently or have you in the past six months been pregnant?	NO <input type="checkbox"/>	YES <input type="checkbox"/>
Are you aware of any other reason why you should consider limiting your physical activity or avoid increasing your current level of physical activity?	NO <input type="checkbox"/>	YES <input type="checkbox"/>

Step 2: If you answer "yes" to any question above, download the Physician's Consent Form at (www.physicalactivity.pitt.edu/healthandfitness) and have your personal physician complete this form.

Step 3: Complete the information below.
I attest that the information provided above is accurate to the best of my knowledge.

Print Name: _____

Signature: _____ Date: _____

Step 4: Bring this form with you when you register for this program.
NOTE: If you answered "yes" to any of the above questions, the completed and signed Physician's Consent Form, by which your physician clears you for participation, must accompany this form prior to you participating in the Health and Fitness Programs.