



Health Information Form

Step 1: Individuals who join the University Club Fitness Center must complete this Health Assessment form prior to using this exercise facility. 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 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 experience 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 elevated cholesterol 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? If "yes" please specify: _____	NO <input type="checkbox"/>	YES <input type="checkbox"/>
If you are a female, are you currently pregnant?	NO <input type="checkbox"/>	YES <input type="checkbox"/>
Are you aware of any other reason why you should limit or not increase your physical activity? If "yes", please specify: _____	NO <input type="checkbox"/>	YES <input type="checkbox"/>

Step 2: If you answer "yes" to any question above, download the Medical Clearance form at www.ucfitness.pitt.edu 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 to the University Club Fitness Center.
NOTE: If you answered "yes" to any of the above question the Medical Clearance Form must accompany this form prior to you using the Fitness Center.