

EXERCISE HEALTH QUESTIONNAIRE
Biographical Data
(Please Complete All Fields)



Today's Date _____

Which location will you be participating at:
Varsity Gym _____
Leon Levine Hall Lab _____

Name _____ Date of Birth _____ Current Age _____
 FIRST MIDDLE LAST

Status: Faculty ____ Staff ____ Retiree ____ Spouse ____ Domestic Partner _____

(If spouse or domestic partner give full name of ASU employee) _____

ASU Dept. _____ ASU Phone # _____ Email address _____

Banner ID# _____ (Health Promotion uses this number as an identifying factor for your records)

Home Address _____
 Street/Road City State Zip

Home or Cell Phone # _____ Physician _____

Emergency Contact (required) _____ Phone Number _____ Relationship _____

Are you interested in learning more about our Preventative Care Services ? _____

Please check all that apply. **When a participant has 1 check in column A or 2 checks in column B we will send a referral to your physician for medical clearance.** We must obtain medical clearance before participation begins.

A. Heart Related	B. Heart Disease Risk Factors
A Heart Attack	Are you a male and over 45 or a woman over 55?
Heart Surgery, Cardiac Catheterization, or Coronary Angioplasty	Family History: Has the following had a heart attack, angioplasty, stent or sudden death : <i>father or brother before the age of 55 and/or mother or sister before the age of 65?</i>
Pacemaker/implantable cardiac defibrillator/rhythm disturbance	Do you currently use tobacco products?
Heart Valve Disease	Do you have high blood pressure (130/90 mm Hg) and/or are you on high blood pressure medication?
Heart Failure	Is your total cholesterol over 200 mg/dl , your LDL over 130 mg/dl , your HDL under 35 mg/dl or your HDL over 60 mg/dl ?
Heart Transplant	Do you have Type I or II Diabetes
Congenital Heart Disease	If you are a female, is your BMI over 30 kg/m or waist circumference over 102 cm. For a male, is your BMI over 30 kg/m or waist circumference greater than 88 cm?
Diabetes or Renal Disease	Check the box if you don't exercise for 30 minutes a day 3 days per week at a moderate intensity?

Please read and sign this informal consent statement:

I understand the nature of the Health Promotion Program and its purpose in providing various exercise classes. I am aware that any strenuous activity involves certain risks including, but not exclusive to, cardiovascular problems and orthopedic injuries. I hereby agree to assume the risk of any and all accidents or injuries of any kind which may be sustained by me by reason of or in connection with my participation in the Health Promotion Program, and hereby release, hold harmless and indemnify Appalachian State University, its agents and employees from any claims or causes of action, and all liability or responsibility, for any such accident or injury whether or not such an event or injury is caused by or results from the negligence of the university or its agents or employees.

I hereby agree to abide by all rules and regulations of the Program. I understand that from time to time medical information and data collected may be used for research purposes and I hereby consent to such uses as long as confidentiality is maintained.

Signature _____ Date _____

Please return to: Health Promotion, 12 Varsity Gym, or Fax to 262-7019