

*Ho'ola Lahui Hawaii*

*Ho'ola Fitness Hui-Health Form*

*I will mostly be participating in classes in the following areas: (please number 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>d</sup> by where most likely to attend)*

Lihue	<input type="checkbox"/>	Kapaa/Anahola	<input type="checkbox"/>	Kekaha	<input type="checkbox"/>	Kilauea	<input type="checkbox"/>	Koloa	<input type="checkbox"/>
-------	--------------------------	---------------	--------------------------	--------	--------------------------	---------	--------------------------	-------	--------------------------

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

What is your present state of health? \_\_\_\_\_

Are you taking any medications? \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's phone number: \_\_\_\_\_

Person to contact in case of emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your physician know you are participating in a fitness class? \_\_\_\_\_

Are you now or have you been pregnant in the last three months? \_\_\_\_\_

Do you now or have you had within the past year:	YES	NO	IF YES, EXPLAIN
1. History of heart problems?	_____	_____	_____
2. High blood pressure?	_____	_____	_____
3. Difficulty with physical exercise?	_____	_____	_____
4. A chronic disease?	_____	_____	_____
5. Advice from a physician not to exercise?	_____	_____	_____
6. Muscle, joint or back disorder that could be aggravated by physical activity?	_____	_____	_____
7. History of lung problems	_____	_____	_____
8. Recent surgery (within the past 3 months)?	_____	_____	_____
9. Have you been told you have diabetes?	_____	_____	_____
10. Have you been told you have High Cholesterol?	_____	_____	_____
11. History of heart problems in immediate family?	_____	_____	_____
12. Problems with Obesity?	_____	_____	_____
13. Do you smoke or use any other form of tobacco?	_____	_____	_____
14. Did you smoke or use tobacco in the past?	_____	_____	_____

What physical activity do you presently do? \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Rev: 11/21/06