

SEMPER FIT HEALTH & PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

Name: _____ Date: _____

Status: Active Duty _____ Family Member _____ Retiree _____
Reservist _____ DoD Civilian _____

Address: _____ Age: _____ Date of Birth: _____
_____ Sex: _____ Height: _____ Weight: _____

Home Phone: _____ - _____ - _____ Work Phone: _____ - _____ - _____

Physician's Name: _____ Physician Phone: _____ - _____ - _____

Contact in Case of Emergency: _____ Phone: _____ - _____ - _____

Relationship: _____ Sponsor's Name: _____

Are you taking any medications or drugs? If yes, what? _____

Describe your current exercise program: _____

Do you now, or have you had in the past:	Yes	No
1. History of heart problems, chest pain or stroke?	<input type="checkbox"/>	<input type="checkbox"/>
2. Increased blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
3. History of breathing or lung problems/shortness of breath?	<input type="checkbox"/>	<input type="checkbox"/>
4. Any chronic illness or condition such as Diabetes, MS, Parkinson's?	<input type="checkbox"/>	<input type="checkbox"/>
5. Thyroid condition?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you a male, over age 45? Are you a female, over age 55?	<input type="checkbox"/>	<input type="checkbox"/>
7. Use of tobacco products?. If yes, how much? _____	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you sedentary (little physical activity on job or after work).	<input type="checkbox"/>	<input type="checkbox"/>
9. Diagnosed with Obesity by a physician?	<input type="checkbox"/>	<input type="checkbox"/>
10. Increase blood cholesterol (Total cholesterol over 200 mg/dL)?	<input type="checkbox"/>	<input type="checkbox"/>
11. History of heart problems in immediate family?	<input type="checkbox"/>	<input type="checkbox"/>
▪ Has your sister or brother had an attack or died suddenly of heart disease before 55?		
▪ Has your mother or father experienced these problems before age 65?		
12. Muscle, joint or back disorder, or any previous injury still affecting you?	<input type="checkbox"/>	<input type="checkbox"/>
13. Recent surgery (within last 12 months)?	<input type="checkbox"/>	<input type="checkbox"/>
14. Pregnancy (currently or within last 3 months)?	<input type="checkbox"/>	<input type="checkbox"/>

Please explain any yes answers below.

Additional Comments:

I have answered the preceding questions to the best of my ability. I have understood all the questions asked of me and have been given the opportunity to have any of my concerns clarified to my satisfaction. I further understand that thorough and honest responses to these questions are essential to my safety and prudent recommendations for training program.

I understand that the programs may be physically strenuous and that the Semper Fit classes/programs are designed to challenge the body's cardiovascular, muscular and skeletal systems. Also, I understand participation will involve me in exercise situations which may tax my physical limits, to include, but not limited to increased heart rate, fatigue, joint and muscle related strain and injuries associated with the use of exercise equipment.

The Naval Health Clinic does not provide any type of emergency services, and in the case of a medical emergency, 9-1-1 will be called and I will be transported to a local hospital. In case of medical emergency, I hereby give permission to the Marine Corps Community Services Division, Marine Corps Base Quantico, express permission to release any and all of the information contained in this questionnaire to the physician's at a local area hospital for the purpose of securing treatment.

Knowing this, I hereby release Marine Corps Community Services Division, Marine Corps Base Quantico, The Marine Corps, the United States government and all other agencies and instrumentalities, including, but not limited to, claims based on the negligence of any of the above parties relating to any loss, damage, illness, death or injury from my participation in the Semper Fit Physical Fitness program. I further agree to indemnify the United States government, the Department of the Navy, the United States Marine Corps and all agencies and instrumentalities thereof, against any and all claims, whether for damage, loss, injury or death, brought on by any person, group or organization, as a result of, or in any connection with, my participation in the Semper Fit program.

I execute this waiver fully understanding the above conditions and I certify that I am in good health.

Signature: _____ Date: _____

Trainer's Name: _____