



Athletic Republic™ Medical History Form

- Has a doctor ever told you that you have asthma or exercise induced asthma? Yes No
- Has a doctor ever told you that you have diabetes? Yes No
- Do you have low blood sugar levels (hypoglycemia)? Yes No
- Has a doctor ever told you that you have a heart problem? Yes No
- Do you ever feel pains in your chest when engaging in physical activity? Yes No
- Do you ever feel pains in your chest when not doing physical activity? Yes No
- Have you had a stroke? Yes No
- Do you currently take prescription drugs for blood pressure or a heart condition? Yes No
- Do you take any medications, either prescription or non-prescription, on a regular basis? Yes No
- Do you have a bone, joint or any other health problem that may cause you pain or limitations that must be addressed when developing your workouts (i.e. osteoporosis, high cholesterol, arthritis, anorexia, bulimia, anemia, epilepsy, respiratory ailments, back problems, etc.)? Yes No
- Are you currently, or have you in the past year, followed a particular "diet"? Yes No
- Do you ever get light headed or dizzy while exercising? Yes No
- Are you pregnant now or have given birth within the last 6 months? Yes No
- Have you had a recent surgery? Yes No
- Do you know of ANY other reason why you should not engage in physical activity? Yes No
- If you answered yes to any of the above questions, please provide details:

- Are you involved in any other weight training? Yes No
- Will you be competing in a sport while training here? Yes No
- If Yes, what sport _____; how many practices/games a week _____
- If Female:
- Have you ever had your menstrual period? Yes No
- If Yes, do you have a regular monthly cycle? Yes No
- If you answered no, please provide details:

Athletes Musculoskeletal History – Please check if applies to athlete. If checked, indicate side and condition.

- Head _____
- Neck _____
- Shoulder _____
- Elbow and Wrist _____
- Hand and fingers _____
- Back _____
- Hip _____
- Knee _____
- Ankle _____
- Feet and Toes _____
- Fractures _____
- Ligament Sprains _____
- Muscle Strains _____

Athlete Signature _____ Date _____

Guardian's Signature (If athlete under 18 years of age) _____ Date _____

Staff Notes:

Staff Signature: _____

Date _____