METROWEST YMCA-FRAMINGHAM
MEDICAL HISTORY QUESTIONNAIRE

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Name: _____ DOB: _____ Date: _____

Address: _____ Phone: (_____) _____

City: _____ State: _____ Zip: _____

Emergency Contact Name: _____ Phone: (_____) _____

A. Have you been diagnosed with cardiac, peripheral vascular or cerebrovascular disease? ☐ Yes ☐ No
B. Have you been diagnosed with metabolic disorder, such as; diabetes, thyroid disorder, renal, or liver disease? ☐ Yes ☐ No

If you have said "YES" to A, B, or C you will need a physician's consent. Please have page 3 completed by your physician and returned to Katrina Ladd (kladd@metrowestymca.org)

Do you currently have any of the following symptoms? Please check.

Pain or discomfort in the chest, jaw, neck, arms	☐ Yes	☐ No
Shortness of breath at rest or with mild exertion	☐ Yes	☐ No
Dizziness at rest or with mild exertion	☐ Yes	☐ No
Sudden rapid heart rate	☐ Yes	☐ No
Swelling in your ankles	☐ Yes	☐ No
Unusual fatigue or shortness of breath with usual activities	☐ Yes	☐ No
Intermittent claudication (muscle cramps with movement)	☐ Yes	☐ No
Known heart murmur	☐ Yes	☐ No

If you have said "YES" to 2 or more of the above questions you will need a physician's consent. Please have page 3 completed by your physician and returned to Katrina Ladd (kladd@metrowestymca.org)

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1. Do you have known pulmonary disease such as COPD, lung disease, cystic fibrosis, or asthma? ☐ Yes ☐ No
2. Are you a man over the age of 45 or a woman over the age of 55? ☐ Yes ☐ No
3. Do you have high blood pressure (140/90 or greater) or on antihypertensive meds? ☐ Yes ☐ No
4. Do you have high cholesterol above 200 ml/dl or on lipid lowering medications? ☐ Yes ☐ No
5. Do you currently smoke? Or have you quit smoking within the last six month? ☐ Yes ☐ No
6. Have you been diagnosed pre-diabetic? ☐ Yes ☐ No
7. Are you physically inactive? (you do not get 30mins of exercise 3x a week) ☐ Yes ☐ No
8. Has your father or brother experienced a heart attack before the age of 55? ☐ Yes ☐ No
   OR has your mother or sister experienced a heart attack before the age of 65?

A. Have you had surgery within the past year? Yes ☐ No ☐

If yes, please explain_____

B. Do you have a history of muscle, bone, or joint injury, pain, or cramping in the lower extremities?

Yes ☐ No ☐

If yes, please explain: _____

C. Do you have a history of muscle, bone, or joint injury, pain, or cramping in the upper extremities?

Yes ☐ No ☐

If yes, please explain: _____

D. Do you have a history of head or neck injury? Yes ☐ No ☐

If yes, please explain: _____

E. Do you have any other conditions that are being treated by a physician that we should be aware of?

Yes ☐ No ☐

If yes, please explain: _____

F. Are you currently taking any medications? Yes ☐ No ☐

If yes, please list: _____

_____

G. Has your physician advised you to begin an exercise routine? Yes ☐ No ☐

If yes, did your physician mention any restrictions?_____

I agree to participate in the MetroWest YMCA fitness program, according to the guidelines established by the MetroWest YMCA, upon the understanding and condition that:

To the best of my knowledge the above information is correct and true. **(PARTCIPANT PLEASE INITIAL HERE)** _____

To the best of my knowledge, there are no medical reasons which prevent me from exercising at the MetroWest YMCA. I acknowledge that I have been advised of my medical risks that may result from such participation and I represent that I have consulted my personal physician and am physically capable of such participation without injury or that I have decided to participate in the exercise activities, programs, and or/use the equipment without the approval of my physician and do hereby assume all responsibility for my participation in said activities, program, and/or use of equipment. **(PARTCIPANT PLEASE INITIAL HERE)** _____

I recognize the risks of illness and injury inherent in any exercise program and my participation upon the express agreement and understand that I am hereby waiving and releasing the MetroWest YMCA from and against any and all claims, costs, liabilities, expenses, or judgments, including attorney's fees and court costs from any and all claims except for illness and injury directly resulting from gross negligence or willful misconduct on the part of the MetroWest YMCA. . **(PARTCIPANT PLEASE INITIAL HERE)** _____

I hereby execute and deliver this WAIVER AND RELEASE to include the MetroWest YMCA to permit me to participate in its programs

Signature of Participant: _____ **Date:** _____

Parent/Guardian Signature (if member is under 18 years of age): _____

METROWEST YMCA-FRAMINGHAM
MEDICAL CLEARANCE

Today's Date: _____

Dear Doctor _____ Doctor's Fax #: _____

Patient's Name: _____Patient's DOB: _____

Medical Clearance Form

_____ has applied for enrollment in the fitness testing and/or exercise programs at the YMCA. The fitness testing and/or exercise program involves cardiovascular, flexibility and muscular strength tests/exercises. The exercise programs are designed to start easy and become progressively more difficult over a period of time. All fitness tests and exercise programs will be administered by qualified personnel trained in conducting exercise tests and exercise programs.

By completing the form below, however, you are not assuming any responsibility for our administration of the fitness testing and/or exercise programs. If you know of any medical or other reasons why participation in the fitness testing and/or exercise programs by the applicant would be unwise please indicate so on this form.

If you have any questions about YMCA fitness testing and/or exercise programs, please contact Katrina Ladd: kladd@metrowestymca.org or 508-879-4420 ext. 238

___Patient cleared to exercise

___Patient cleared to exercise with the following restrictions:_____

___ Patient **not** cleared to exercise at this time

Physician (print name): _____ Date: _____

Physician signature_____ Telephone: _____

Please return form to the MetroWest YMCA. Attn: Katrina Ladd (kladd@metrowestymca.org)