THE DAVIS COMMUNITY

Seniors Pursuing Active Living®
Medical History Form

This questionnaire will help us understand your medical history. Should you have any questions, feel free to ask. Your responses will be treated in a confidential manner.

Please check all that apply:

☐	Abnormal EKG	☐	Bursitis	☐	Emphysema
☐	Abnormal Chest X-Ray	☐	Swollen/Painful Joints	☐	Bronchitis
☐	Low Blood Pressure	☐	Epilepsy or Seizures	☐	Arthritis
☐	Asthma	☐	Stomach Problems	☐	Foot Problems
☐	Other Lung Problems	☐	Currently Pregnant	☐	Back Problems
☐	Stroke	☐	Recent Broken Bones	☐	High Blood Pressure
☐	Persistent Fatigue	☐	Hernia	☐	Anemia
☐	Physical-Past Three Years	☐	Diabetes	☐	Other
☐	Surgery-Past Four Years	☐	Rheumatic Fever		

Has a doctor ever imposed any activity restrictions upon you? If so, please explain:

Wellness Coordinator Notes:

Please inform us of any current medications you are taking:

Do you have a family history of heart disease? YES_____ NO_____
(Relationship)

Do you know your last cholesterol score? HDL:_____ LDL:_____ Total:_____

How would you rate the stress you currently experience? (*circle one*)

Low to moderate High-able to cope Very high – unable to cope
Moderate to high Very high – trying to cope

APPLICANT'S CERTIFICATION, AFFIRMATION & AGREEMENT: I hereby certify that all statements and answers provided by me in this form are true and complete. I understand and agree that if I give any untruthful information on this form, I forfeit any and all privileges to participate in any and every aspect of the SPA Living Program, Classes and Activities. I agree that participation in any and every aspect of the SPA Living Program is a privilege, not a right. I further affirm that any physical activity, exercise class or program may be dangerous and always carries with it the risk of injury or sometimes death. I as the participant always have the responsibility for my own safety, and by participating in these SPA Living Exercise Program, Classes and Activities, I am accepting all risks of injury, whether due to negligence, or otherwise.

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SIGNATURE OF PARTICIPANT *(In Ink)* DATE

Genesis Rehab Services