Petersburg Generals Baseball Academy

Health History Questionnaire

Name: _____ **Date:** _____

Person to Contact in case of an Emergency _____

Phone number where that person can be reached _____

For most people, physical activity should not pose any problem or hazard. The following questions are designed to identify the small number of person for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

Have you seen a doctor in the last year? Yes__ No__

If yes, Why? _____

Have you had a physical exam by a medical doctor in the last year? Yes__ No__ Date: _____
Doctor's Name _____
Doctor's Phone _____

Do you have any known medical condition that my prevent you from participating in physical activity? For example, congenital heart disease, heart murmurs high blood pressure, diabetes, musculoskeletal problem, fainting spells, dizziness or asthma? If so, please describe below
_____

Are you currently taking any medications (prescriptions or over the counter? Yes__ No__
If so, please list the medication and reason for taking _____

_____

Are you aware of any physical reason would prevent you from participating in physical activity?
Yes__ No__, If yes, please list _____
I, _____ , certify that I understand the foregoing questions and my answers are true and complete. I also understand that this information is being provided as part of my initial
consultation and may not be periodically updated.
I,_____, assume the risk for any changes in my medical condition that might affect my ability to exercise.

Signature: _____ **Date:** _____

Parent or Guardian if under 18

If you answered yes to one or more questions and you have not seen a doctor about the condition(s), consult with your doctor before beginning and exercise program and obtain a completed Physician's Clearance form.

Explain to your doctor that you plan to undergo an exercise program that may include, but not limited to, cardiovascular training.
I, _____, acknowledge that I have read the foregoing statements and understand the content thereof.

Signature: _____ **Date:** _____

Parent or Guardian ***(if under 18)***_____