

MY MODEL BODY®

HEALTH REVIEW

This form is to help you and your doctor make educated decisions on your exercise abilities due to your physical activity readiness and health history. Please fill out this form completely. It is also recommended to have your family members fill out this form. Questions should be reviewed annually to determine if any answers have changed within the last 12 months.

Today's date: _____

Name: _____

Gender: _____

Date of Birth: _____

Address: _____

City: _____

State: _____

Zip: _____

Telephone: _____

E-mail: _____

Physical Activity Readiness Questionnaire -

Regular exercise is beneficial to your health in general; however one must be responsible and careful about any associated injury risk. Please fill out the form below so that your doctor can be properly informed and make any helpful recommendations in accordance with your risk profile. Safety first!

Please answer by either circling YES or NO to the following questions:

1- Has a doctor ever said you have a heart condition and recommended only medically supervised activity?

YES / NO

2- When you do physical activity do you feel pain in your chest?

YES / NO

3- Do you tend to lose consciousness or fall over as a result of dizziness?

YES / NO

4- Has a doctor ever recommended medication for your blood pressure or a heart condition?

YES / NO

5- Are you on any medications that your doctor feels are not conducive to physical activity?

YES / NO

6- Do you have a bone or joint problem that could be aggravated by the proposed physical activity?

YES / NO

7- Are you pregnant or post-partum?

YES / NO

8- Do you have insulin dependent diabetes?

YES / NO

9- Are you over the age of 65 and not accustomed to vigorous activity?

YES / NO

10- Are you aware, through your own experiences or a doctor's advice, of any other physical reason against your exercising without medical supervision?

YES / NO

Health History Questionnaire -

Do you now or have had in the past:

- | | |
|--|-----------------|
| 1- History of heart problems, chest pain or stroke | YES / NO |
| 2- Increased blood pressure | YES / NO |
| 3- Any chronic illness or condition | YES / NO |
| 4- Arthritis | YES / NO |
| 5- Advise from physician not to exercise | YES / NO |
| 6- Recent surgery within last 12 months | YES / NO |
| 7- Hernia | YES / NO |
| 8- History of breathing or lung problems | YES / NO |
| 9- Muscle, joint or back disorder | YES / NO |
| 10- Diabetes or thyroid condition | YES / NO |
| 11- Smoking habit | YES / NO |
| 12- Increased blood cholesterol | YES / NO |
| 13- History of heart problems in immediate family | YES / NO |

If you answered **YES** to any one question, please get medical authorization from your doctor before starting the MY MODEL BODY® exercise program. If you answered **NO** to all questions, you can be reasonably sure that you are fit to undertake physical activity workouts without a physician's release.

FIND IT. KEEP IT. LOVE IT.

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