

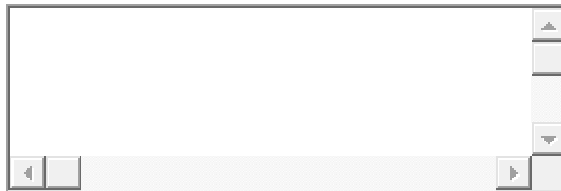
Fitness By Day Health History Questionnaire

Please answer each question accurately and carefully. All information submitted on this form will be kept confidential. As always, you should consult your physician before beginning any exercise program.

Yes No

- Has anyone in your immediate family had a heart attack, stroke, or cardiovascular disease before age 55?
- Has your doctor told you that your cholesterol level is too high?
- Do you currently smoke?
- Are you a male over 39 years of age?
- Are you a female over 49 years of age?
- Are you currently engaging in physical activity less than 1 hour per week?
- Do you have any cardiovascular or respiratory problems?
- Do you have epilepsy?
- Are you pregnant?
- Do you have diabetes?
- Do you have an eating disorder?
- Do you feel pain in your chest when you engage in physical activity?
- Do you ever lose consciousness or do you ever lose control of your balance due to chronic dizziness?
- Do you have a bone or joint problem that could be made worse by a change in your physical activity?
- Has your doctor told you that your blood pressure is too high, or are you currently taking drugs for your blood pressure?
- Do you know of any other reason why you should not exercise?

Please Explain:



Please list any medications you are taking.

I have read, understood, and completed this questionnaire. Any questions I had were answered to my full satisfaction.

Name

Date

E-Mail Address

Date of Birth

Did anyone refer you to FitnessByDay.com? Who?