BUCKS COUNTY COMMUNITY COLLEGE
FITNESS CENTER

Please check one:
- ○ Student
- ○ Faculty/Staff
- ○ Alumni
- ○ VIP/Retiree

Health History Form

Please write neatly.

Last: _____ First: _____ DOB: _____ Sex: _____

Street: _____

City/ST/Zip: _____ Phone: _____ BCCC ext. _____

Emergency Contact: _____ Phone: _____

ALL INFORMATION ON THIS FORM WILL BE KEPT CONFIDENTIAL

Are you taking any medications or drugs? Y N If so, please list the medication, dose, and reason:

_____

_____

_____

Do you have now, or have had in the past: (If yes, please explain on line below)	Yes	No
1. History of chest pain, breathing or lung conditions?	☐	☐
2. History of stroke or aneurisms?	☐	☐
3. Family history of heart conditions?	☐	☐
4. High blood pressure (>140/90)?	☐	☐
5. High cholesterol (>200 mg/dL)?	☐	☐
6. Any chronic illness or condition?	☐	☐
7. Any recent surgery (within the past 12 months)?	☐	☐
8. Any muscle, joint, spine, or previous injury still affecting you?	☐	☐
9. Diabetes or thyroid condition?	☐	☐
10. Cigarette smoking habit?	☐	☐
11. Any condition that may be aggravated by lifting weights (i.e. hernia)?	☐	☐
12. Difficulty with physical activity?	☐	☐
13. Recent or currently pregnant?	☐	☐
14. Any limitations given to you by your physician?	☐	☐

_____

_____

_____

Any other reason(s) that may restrict your physical activity not mentioned above? Y○ N○

If yes, please explain: _____

_____

_____

I understand the nature and purpose of this health history form. I declare that, to the best of my knowledge, that my answers are true, correct, and complete.

Signature: _____ Date: _____

Turn over →

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Agreement and Release of Liability

In consideration of being allowed to participate in the activities and programs of the Bucks County Community College Fitness Center, and use of the facilities, equipment, and other resources, I do hereby waive, release, and forever discharge the Bucks County Community College Fitness Center staff from any and all responsibilities or liability from injuries or damages resulting from my participation in any activities or use of equipment within the Fitness Center.

If you agree, please initial _____

I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve the risk of injury or death, and that I am voluntarily participating in these activities and using equipment and machinery with the knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.

If you agree, please initial _____

I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in a physical fitness program. I do hereby acknowledge that I have had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in a physical exercise program without the approval of my physician and do hereby assume all responsibility for my participation and activities.

If you agree, please initial _____

_____ _____

Print Name Student ID # / Employee Dept.

_____ _____

Signature Date