

Fire Fitness Health History Form

Programs Offered *(please select one)*

- General Firefighter Fitness
- Firefighter "Combat Challenge" Readiness
- Cardiovascular Fitness
- CPAT-Candidate Physical Ability Test Readiness
- Firefighter Healthy Back

1. Name: _____ 2. Job Title: _____
 3. Date of Birth: _____ 4. Phone: (____) _____
 5. Mailing Address: _____
 6. E-mail Address: _____

7. Past and Present Personal Health History *(check if applicable)*

- Disease of the heart and arteries
- Diabetes
- Abnormal Cholesterol
- High Blood Pressure
- Angina Pectoris (chest pains)
- Epilepsy
- Stroke
- Anemia
- Abnormal Chest X-Ray
- Cancer
- Asthma
- Other Lung Diseases(s)
- Orthopedic or Muscular Problems
- Diabetes Mellitus

If any of the above is checked, please explain further and indicate any recommendations your doctor has made regarding exercise.

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8. Level or Physical Activity

()YES ()NO

Are you currently involved in a regular exercise program such as walking, swimming, cycling, or jogging?

()YES ()NO

Do you regularly walk or run one/more miles continuously? If **YES**, what is the average number of miles covered? _____

()YES ()NO

Do you practice weight lifting or calisthenics?

()YES ()NO

Do you perform stretching exercises on a regular basis?

9. Is there a family history of heart disease, hypertension, stroke, diabetes, heart failure, lung disease, or epilepsy? ()YES ()NO

If **YES**, please provide information regarding the relation, the medical problem, and age at onset, or death:

10. ()YES ()NO

Do you currently smoke cigarettes?

If **YES**, how many cigarettes per day? _____

If you smoke in the past, when did you quit? _____

11. ()YES ()NO

Are you currently taking medications prescribed by a physician?

If **YES**, indicate name of medication, dosage taken, and the reason you are taken it:

12. Please indicate below any additional medical information that you think is important for us to know prior to fitness testing or exercise.

Signature: _____ Date: _____