

# SEMPER FIT

## HEALTH & PHYSICAL ACTIVITY

### READINESS QUESTIONNAIRE

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Status: Active Duty \_\_\_\_\_ Family Member \_\_\_\_\_ Retiree \_\_\_\_\_

Reservist \_\_\_\_\_ DoD Civilian \_\_\_\_\_ (location) \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Contact in Case of Emergency: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Relationship: \_\_\_\_\_ Sponsor's Name: \_\_\_\_\_

Are you taking any medications or drugs? If yes, what? \_\_\_\_\_

Describe your current exercise program: \_\_\_\_\_

Do you now, or have you had in the past: Yes No

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 1. History of heart problems, chest pain or stroke?                              | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Increased blood pressure?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. History of breathing or lung problems/shortness of breath?                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you a male, over age 45? Are you a female, over age 55?                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Diabetes or thyroid condition?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Cigarette smoking. If yes, how much? _____                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you sedentary (little physical activity on job or after work).            | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Obesity (more than 20% over ideal body weight).                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Increase blood cholesterol (Total cholesterol over 200 mg/dL)?                | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. History of heart problems in immediate family?                               | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Has your or brother had an attack or died suddenly of heart disease before 55? |                          |                          |
| ▪ Has your mother experienced these problems before age 65?                      |                          |                          |
| 11. Hernia or any condition that may be aggravated by lifting weights?           | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Muscle, joint or back disorder, or any previous injury still affecting you?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Recent surgery (within last 12 months)?                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Pregnancy (currently or within last 3 months)?                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Any chronic illness or condition?  | <input type="checkbox"/> | <input type="checkbox"/> |

Please explain any yes answers below.

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Additional Comments:

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I have answered the preceding questions to the best of my ability. I have understood all the questions asked of me and have been given the opportunity to have any of my concerns clarified to my satisfaction. I further understand that thorough and honest responses to these questions are essential to my safety and prudent recommendations for training program.

I understand that the programs may be physically strenuous and that the Semper Fit classes/programs are designed to challenge the body's cardiovascular, muscular and skeletal systems. Also, I understand participation will involve me in exercise situations which may tax my physical limits, to include, but not limited to increased heart rate, fatigue, joint and muscle related strain and injuries associated with the use of exercise equipment.

The Naval Health Clinic does not provide any type of emergency services, and in the case of a medical emergency, 9-1-1 will be called and I will be transported to a local hospital. In case of medical emergency, I hereby give permission to the Marine Corps Community Services Division, Marine Corps Base Quantico, express permission to release any and all of the information contained in this questionnaire to the physician's at a local area hospital for the purpose of securing treatment.

Knowing this, I hereby release Marine Corps Community Services Division, Marine Corps Base Quantico, The Marine Corps, the United States government and all other agencies and instrumentalities, including, but not limited to, claims based on the negligence of any of the above parties relating to any loss, damage, illness, death or injury from my participation in the Semper Fit Physical Fitness program. I further agree to indemnify the United States government, the Department of the Navy, the United States Marine Corps and all agencies and instrumentalities thereof, against any and all claims, whether for damage, loss, injury or death, brought on by any person, group or organization, as a result of, or in any connection with, my participation in the Semper Fit program.

I execute this waiver fully understanding the above conditions and I certify that I am in good health.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Trainer's Name: \_\_\_\_\_