



## ATHLETE HISTORY QUESTIONNAIRE

All questions contained in this questionnaire are strictly confidential  
and will become part of your athlete record.

<b>Name:</b>	<input type="checkbox"/> M	<input type="checkbox"/> F	<b>DOB:</b>
<b>Address:</b>			
<b>City, State, Zip:</b>		<b>Phone &amp; Email:</b>	

### TRAINING, RACING AND PERFORMANCE

<b>Primary Sport:</b>			
<b>Rank your strongest sports in order (Swim, bike, run, etc.)</b>	1.	4.	
	2.	5.	
	3.	6.	

**List the reasons you are considering working with a coach.**

"A" (High Priority) Events		
Date	Event/Distance	Goal Time/Pace

"B" or "C" (Medium or Low Priority) Events		
Date	Event/Distance	Goal Time/Pace

<b>Have you ever had a trainer or coach?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**List your ideal training schedule (include swimming, biking, running, weight training, rest days, etc.)**

Day	Sport	Hours you can train
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

**List and name your training and racing equipment (i.e., wetsuit, bike type and size, heart rate monitor)**

Swim	
Bike	
Run	
Other	

**LIFESTYLE AND HABITS**

**OCCUPATION/HOURS PER WEEK:**

<b>Current Fitness Level</b>	Longest workout (time and/or distance) in the last 4 weeks?			
	<input type="checkbox"/> Mild exercise (workout less than 5 hours per week)			
	<input type="checkbox"/> Moderate exercise (workout 5-10 hours per week)			
	<input type="checkbox"/> High exercise (workout more than 10 hours per week)			
<b>Nutrition</b>	Are you dieting?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, are you on a physician prescribed medical diet?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	# Of meals you eat in an average day?			
	% of Carbohydrate:	% of Protein:	% of Fat:	
	Time of breakfast:	Time of Lunch:	Time of Dinner:	Other Meals:
<b>Caffeine</b>	<input type="checkbox"/> None	<input type="checkbox"/> Coffee	<input type="checkbox"/> Tea	<input type="checkbox"/> Cola
	# cups/cans per day?			
<b>Lifestyle</b>	Do you have access to a fitness center or gym?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	How often do you go?			
	Please describe:			
	Do you have trouble sleeping?			<input type="checkbox"/> Yes <input type="checkbox"/> No

## MEDICAL HISTORY

Has your doctor ever said you have a heart condition and recommended medically supervised physical activity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have chest pain brought on by physical activity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you developed chest pain within the last month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you lose consciousness or fall over as a result of dizziness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a bone or joint problem that could be aggravated by proposed physical activity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has a doctor ever recommended medication for high blood pressure or a heart condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you aware of any reason your doctor would advise you against physical activity without medical supervision?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any metabolic diseases such as diabetes, hyperthyroidism, etc.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you, or have you ever, smoked regularly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**PLEASE EXPLAIN HERE IF YOU ANSWERED "YES" TO ANY OF THE QUESTIONS ABOVE:**

Current Height:	
Current Weight:	
What is your resting heart rate upon waking?	
Do you take any drugs or medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of your last medical physical:	
Are you, or have you been, recently pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have high cholesterol?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had surgery in the past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had an injury that caused you to stop exercising for more than a week?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you, or have you ever been anorexic or bulimic?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any hot flashes or sweating at night?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any other physical or emotional problems that may affect your training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you drink alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, what kind and how many?	

**PLEASE EXPLAIN HERE IF YOU ANSWERED "YES" TO ANY OF THE QUESTIONS ABOVE:**

Heart Disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heart Attack	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heart Surgery	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heart Murmur	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hypertension	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Thyroid Problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Epilepsy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Anemia	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stress Fracture	<input type="checkbox"/> Yes	<input type="checkbox"/> No



## **Athlete Waiver and Disclosure**

You should be aware of the possible risks you might encounter by participating in fitness and recreation activities such as single and multisport events. This includes but not limited to fitness evaluations and assessments. The training program will be centered on activities that include swimming, cycling, running, stretching, weight lifting, and exercises that involve multi planar body movements. The most acute risk would be death caused by cardiac failure during exercise, even though this is unlikely to occur, the possibility does exist. Other medical problems that could result from your participation are sore muscles, cramping, torn or pulled muscles, ankle sprains, stress fractures, cartilage, ligament or tendon damage to major joints, nausea during and after exercise, loss or gain of weight, and possible loss of appetite.

You may also incur some environmental risks if exercising outside, such as traffic or pedestrian accidents and dog bites. If you participate in water exercises, death from drowning would also be a risk.

Your participation is voluntary and you may withdraw at any time. Please give your consent with full knowledge of the nature and the type of exercise you will be doing and the discomforts and/or risks which may be encountered. Thank you for helping to be medically prudent.

Signature:

Date:

Signature of Parent if under 18: