YUBA COLLEGE PUBLIC SAFETY TRAINING CENTER

HEALTH HISTORY STATEMENT

(Last Ten Years)

The information you provide in this statement will be used to assess your medical qualifications to participate in the Yuba College Academy, Physical Condition Program. *Please complete this document prior to going to your physician for review and clearance to participate*. All information will be kept ***CONFIDENTIAL.***

Please fill out the statement carefully and thoroughly.

NAME (Last, First, Middle):

ACADEMY:

BIRTHDATE: TODAY'S DATE:

Please answer all of the following. Check YES or NO on each Question.

	YES	NO		YES	NO
Allergies	☐	☐	High Blood Pressure	☐	☐
Arthritis	☐	☐	High Serum Lipids (fats-i.e., cholesterol)	☐	☐
Asthma	☐	☐	Musculoskeletal Problems	☐	☐
Chronic Bronchitis	☐	☐	Neurological Problems	☐	☐
Diabetes Mellitus	☐	☐	Obesity	☐	☐
Emphysema	☐	☐	Stroke	☐	☐
Heart Disease	☐	☐	Heart Murmur	☐	☐
Other:	☐	☐	Other:	☐	☐
Please Specify:					

Have you ever experienced any of the following: For each condition checked, indicate whether the condition was diagnosed and whether the condition was associated with exercise or physical work?

YES	NO		Diagnosed? YES	Diagnosed? NO	Associated with exercise or physical work? YES	Associated with exercise or physical work? NO
☐	☐	Chest Pain	☐	☐	☐	☐
☐	☐	Chest Pressure	☐	☐	☐	☐
☐	☐	Discomfort/Pain in Elbow	☐	☐	☐	☐
☐	☐	Discomfort/Pain in Jaw	☐	☐	☐	☐
☐	☐	Discomfort/Pain in Teeth	☐	☐	☐	☐
☐	☐	Discomfort/Pain in Throat	☐	☐	☐	☐
☐	☐	Discomfort/Pain in Wrist	☐	☐	☐	☐
☐	☐	Heart palpitations/Skipped Beats	☐	☐	☐	☐

Have you ever taken any of the following tests? If yes, indicate whether the results indicated any abnormalities.

YES	NO		Any Abnormalities? YES	Any Abnormalities? NO
☐	☐	Exercise Stress Test	☐	☐
☐	☐	Exercise Stress Test with Isotopes	☐	☐
☐	☐	Echocardiogram	☐	☐
☐	☐	Coronary Angiogram	☐	☐
☐	☐	Halter Monitor	☐	☐

Has a blood relative ever been diagnosed as having any of the following? (Include parents, grandparents, aunts and uncles, brothers and sisters, and children, but exclude relatives by marriage or half relatives)

YES	NO		MOTHER	FATHER	OTHER
☐	☐	Diabetes Mellitus	☐	☐	☐
☐	☐	Heart Disease	☐	☐	☐
☐	☐	High Blood Pressure	☐	☐	☐
☐	☐	High Serum Liquids	☐	☐	☐
☐	☐	Obesity	☐	☐	☐
☐	☐	Stroke	☐	☐	☐

Please answer YES, NO, or other specified entry to the following questions:	YES	NO
Have you ever smoked cigarettes (E-cigarettes), cigars or pipe?	☐	☐
If Yes, state the year you started.		
Do you smoke presently?	☐	☐
If you did or do smoke cigarettes or E-Cigarettes, how many per day?	☐	☐
If you did or do smoke cigars, how many per day?	☐	☐
If you did or do smoke a pipe, how many pipefuls per day?	☐	☐
If you quit smoking, please state the year you quit.		
Do you ever drink alcoholic beverages?	☐	☐
If your answer is No, skip below questions:		

TYPE	NONE	OCCASIONAL	OFTEN	DRINKS PER WEEK?
BEER	☐	☐	☐	
WINE	☐	☐	☐	
HARD LIQUOR	☐	☐	☐	

List any traumatic injuries you have experienced to your bones or soft tissue (including any disabling back problems you have had) and the approximate date of the injury.

Injury: _____ Date: _____

Injury: _____ Date: _____

List any illnesses you have had which required you to take more than one week of sick leave and the approximate date of the illness.

Date:

Date:

List any operations you have had, including approximate dates:

Date:

Date:

List any medications you are now taking (include self-prescribed medications and dietary supplements).

Name of Medication (see label for prescriptions)	Date Started	Dosage	Dosage per Day

List any athletic or other physical activities that you regularly engage in. Specify for each the frequency, intensity, and duration of your involvement.

Examples:	Activity Bicycling	Frequency 3 times a week	Intensity 10 Miles	Duration Past 18 Month

List anything else that you feel may be important in your medical history, including any conditions not specifically referred to in the preceding questions.

I hereby certify that all statements made in this Health History Statement are accurate and complete.

Printed Name:

Signature: _____ Date:

PAR Q and You

Par-Q is designed to help you help yourself. Many Health benefits are associated with regular exercise, and the completion of the **Par-Q** is a sensible first step to take if you are planning to increase the amount of physical activity in your life.

For most people physical activity should not pose any problem or hazard. **Par-Q** has been designed to identify the small number of adults whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

Common sense is your best guide in answering these few questions. **PLEASE** read them carefully and check **YES** or **NO** opposite the question if it applies to you.

YES	NO	
☐	☐	Has your doctor ever said you have heart trouble?
☐	☐	Do you frequently have pains in your heart or chest?
☐	☐	Do you often feel faint or have spells of severe dizziness?
☐	☐	Has a doctor ever said your blood pressure was too high?
☐	☐	Has your doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise, or might be made worse with exercise?
☐	☐	Is there a good physical reason not to mention here why you should not follow an activity program even if you wanted to?
☐	☐	Are you age 65 or over and not accustomed to vigorous exercise?

If you answered YES to ONE or MORE Questions above: If you have not recently done so, consult with your personal physician by telephone or in person BEFORE increasing your physical activity and/or taking a fitness test. Tell him/her what questions you answered YES on Par-Q, or show him/her your copy.

After medical evaluation, seek advice from your physician as to your suitability for: 1) unrestricted physical activity, probably on a gradually increasing basis; 2) restricted or supervised activity to meet your specific needs, at least on an initial basis. Check your community for special programs or services.

If you answered NO to all Questions above: If you answered PAR-Q accurately, you have reasonable assurance of your suitability for: 1) **A Graduated Exercise Program** - A gradual increase in proper exercise promotes good fitness development while minimizing or eliminating discomfort; 2) **An Exercise Test** - simple tests of fitness (such as Canadian Home Fitness Test) or more complex types may be undertaken if you so desire.

POSTPONE: If you have a temporary minor illness, such as the common cold.

Signature: _____ Date: _____