



Manchester College

MEDICAL QUESTIONNAIRE

PLEASE ANSWER ALL QUESTIONS BELOW TO THE BEST OF YOUR KNOWLEDGE WITH REGARDS TO THE LAST 6 MONTHS

- | | YES | NO |
|--|-------|-------|
| 1. Are you currently taking any medications? (Prescription or OTC)? | _____ | _____ |
| 2. Have you had any muscle, ligament or tendon injuries? | _____ | _____ |
| 3. Have you seen a cardiologist for any heart problems? | _____ | _____ |
| 4. Have you ever passed out or felt like you would pass out? | _____ | _____ |
| a. During Exercise | _____ | _____ |
| b. After Exercise | _____ | _____ |
| 5. Have you had any broken bones or stress fractures? | _____ | _____ |
| 6. Have you been diagnosed with allergies or asthma? | _____ | _____ |
| -If yes, do you have any medication or inhaler? | _____ | _____ |
| 7. Have you had a family member die recently due to illness? | _____ | _____ |
| -If yes, what was cause of death? _____ | | |
| 8. Have you had any heat related problems recently? | _____ | _____ |
| 9. Have you been diagnosed or had any seizures or diabetic problems? | _____ | _____ |
| 10. Have you had any recent surgeries? | _____ | _____ |

Explain Yes Answers _____

FEMALES ONLY!

11. When was your last menstrual cycle? _____