Physical Fitness Questionnaire

Name: 
Date: 
Age: 
Sex (circle one): Male Female

Grade Level (circle those that apply): Freshman, Sophomore, Junior, Senior, Graduate, High School, College, Other

1. How would you describe your present physical condition?
(circle one): Excellent, Good, Fair, Poor

2. Describe briefly what type of exercise you have regularly participated in during the last six months.

3. Check any of the following medical problems which you have now or have had previously.
___ emphysema
___ arthritis
___ ankle problems
___ foot problems
___ knee problems
___ heart problems
___ back problems
___ rheumatic fever
___ asthma
___ hyperventilation

4. List any other medical problems which could affect your performance in this course.

5. Briefly explain why you are taking this course.

6. Date of your last physical examination by a medical doctor.

7. Do you have the availability of a track on which to jog? Yes No

Parental or Guardian Consent
I hereby consent to the above-named student participating in this jogging course and recognize that a risk of possible injury is inherent in all physical activities, including jogging. I further realize that potential injuries may be severe in nature, including such conditions as fractures and even (in rare cases) death.

Parent or guardian signature ___________________________ Date ______________

Student signature ___________________________ Date ______________