



22269 Eureka Rd
Taylor, MI 48180
Telephone: 313-221-9777
Website: www.rccmichigan.com

Medical History Form

Full Name: _____

Date of Birth: _____

Phone (Cell/Mobile): _____

Email: _____

Age: _____

Gender: _____

Do you declare a disability?

Physician's Name: _____

Physician's Phone: _____

Medical History

Are you currently taking any medications? ____
If yes, please list:

Do you have allergies? ____
If yes, please list:

Do you now have, or have you ever had:

A definite or suspected heart attack? ____
If yes, please explain:

A definite or suspected stroke? ____
If yes, please explain:

Elevated blood pressure? ____
If yes, please explain:



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Any Chronic Illness or condition? ____

If yes, please explain:

Difficulty with physical exercise? ____

If yes, please explain:

Advice from physician not to exercise? ____

If yes, please explain:

Recent surgery (last 12 months)? ____

If yes, please explain:

Pregnancy (now or within last 3 months)? ____

If yes, please explain:

History of breathing or lung problems? ____

If yes, please explain:

Muscle, joint, or back disorder, or any previous injury still affecting you? ____

If yes, please explain:

Diabetes or metabolic syndrome? ____

If yes, please explain:

Thyroid condition? ____

If yes, please explain:

Cigarette smoking habit? ____

If yes, please state how many per day and for how long have you smoked:



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Elevated blood cholesterol? ____
If yes, please explain:

History of heart problems in immediate family? ____
If yes, please explain:

Hernia, or any condition that may be aggravated by lifting weights or other physical activity? ____
If yes, please explain:

Additional comments:

BODY MASS INDEX (BMI)

Body Mass (lbs): _____

Height (feet, inches): _____

I have answered the questions in this form accurately and completely. If any of the above conditions change, I will inform the club of those changes. I, knowingly and willingly, assume all risks of injury resulting from my failure to disclose accurate, complete, and updated information in accordance with the form.

Signature (participant): _____

Signature (parent/ legal guardian): _____