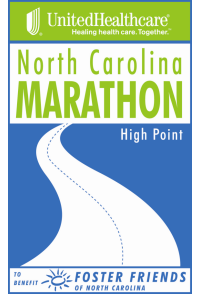




Personal Information & Health Data Questionnaire

Please print clearly.



Name: _____ Date: _____

Occupation/Company: _____

Date of Birth: _____ Age: _____

Address: _____

City/Zip: _____

Home Phone: () _____ (Please asterisk best contact number.)

Work Phone: () _____

Mobile Phone:() _____

E-Mail: _____

Emergency Contact: _____

Relationship: _____ Contact Number: _____

T-Shirt Size: S M L XL 2X

Do you give permission to share your name and email address with other school participants and/or Network members? YES NO

Do you waive ownership of any photographic records taken by Janes on the Run and agree to permit the use of your image, (in photograph, digital, or electronic form) for web site or other promotional media? YES NO

Height: _____ Weight: _____ Blood Pressure: _____ (If known.)

If not currently active, list date last participated in an exercise program: _____

If active, how long have you been exercising? _____

Current Activity (including running)	Duration	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date of last physical exam: _____

Physician's Name: _____

Physician's Phone: _____

Check any of the health conditions/risks that apply to you:

- | | | |
|---|-----------------------------------|--|
| _____ allergies | _____ unusual dizziness/fainting* | _____ osteoporosis |
| _____ asthma | _____ unusual fatigue* | _____ pregnant* |
| _____ arthritis | _____ heart problems* | _____ sedentary lifestyle |
| _____ cancer | _____ high blood pressure | _____ seizure disorder |
| _____ cigarette smoker
(past 6 mos.) | _____ high cholesterol | _____ surgery (w/i 3 mos.) |
| _____ diabetes | _____ orthopedic concerns | _____ shortness of breath
w/usual activities* |

_____ Other (Please specify.): _____

_____ Family history of heart disease? If yes, please explain. _____

Please note any physical limitations or injuries:

Past _____

Present _____

Do you take any medications that will affect you when exercising? Yes No

If yes, please explain. _____

Do you know of any other reason why you should not engage in physical activity? Yes No

If yes, please explain. _____

The information gathered will only be used in making recommendations for your training program. It is strongly recommended that you seek physician's clearance before beginning this or any exercise program. The coaching guidance provided by Janes on the Run is not intended in any way to substitute for professional medical advice. Always seek the guidance of your physician or other qualified health provider with any questions you may have regarding a medical condition. Neither the content of this document nor any service by Janes on the Run is intended to be relied on for medical diagnosis or treatment.

I have reviewed these questions and answered them to the best of my ability. I understand the information will be reviewed and I may be asked to see my doctor before participating in a Janes on the Run Training Program.

Signature: _____ **Date:** _____

(Signature of parent if under 18)