

N O R T H A M P T O N  
*Senior Services*



67 Conz Street  
 Northampton, MA 01060

**Director:** Marie Westburg  
**Assistant Director:** Janet Yurko

**Health Questionnaire for Exercise Classes**

*This information is kept confidential and is only accessed by appropriate NSS staff.*

Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_ Pronoun : she/he/they

Address: \_\_\_\_\_

Primary physician name and telephone #:  
 \_\_\_\_\_

Emergency contact name and telephone #:  
 \_\_\_\_\_

**Please check any of the following conditions/diseases  
 you have or are currently being treated for:**

Condition	Yes	No
Cardiac Disease (including heart attack)		
*Irregular Heartbeat		
*Active Cancer		
*Recent Stroke		
Loss of Balance		
Poor Memory		
Osteoporosis		
Difficulty Hearing		
Low Vision / Cataracts		
Osteo / Rheumatoid Arthritis		
Diabetes	Is this condition controlled? YES *NO	
High Blood Pressure	Is this condition controlled? YES *NO	
Respiratory Issues (asthma, bronchitis, COPD)	Is this condition controlled? YES *NO	

**Have you ever experienced any of the following during physical activity?**

Shortness of breath, tightness in chest, lightheadedness, heart palpitations, shooting pain down arm, jaw pain, nausea?      \*Yes      No

Do you carry medications with you?      Yes      No

If yes, what?

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As of today, what is your general health status in regards to your participation in this program (i.e. surgeries, etc)?

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This information is true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_