Federal Deposit Insurance Corporation

MEDICAL HISTORY QUESTIONNAIRE

SECTION I – GENERAL INFORMATION

1. Name *(Last, First, MI)*	2. Age	3. Date of Birth	4. Sex ☐ Male ☐ Female

5. Division/Office	6. Work Phone Number/Ext. ( )	7. Home Phone Number ( )

SECTION II – EMERGENCY CONTACT INFORMATION

8. Name	9. Relationship	10. Home Phone Number ( )	11. Office Phone Number ( )

SECTION III – PHYSICIAN INFORMATION

12. Physician's Name	13. Physician's Phone Number ( )

14. Street Address *(Street Number, Suite/Room Number, City, State, and ZIP Code)*

SECTION IV – HEALTH QUESTIONS

15. Please check the appropriate box(es) to indicate whether you have or have had any of the following:

☐ Heart Problems/Circulation	☐ High Blood Pressure	☐ Asthma	☐ Migraine Headaches
☐ Chest Pains	☐ Low Blood Pressure	☐ Glaucoma	☐ Bone/Joint Problems (such as arthritis that have been aggravated by exercise or might be made worse with exercise)
☐ Heart Attack	☐ Dizzy Spells/History of Fainting	☐ Epilepsy	
☐ Back Problems	☐ Ulcers	☐ Diabetes	

16. Date of last Exam	17. Are you accustomed to exercising? ☐ No ☐ Yes	18. Do you smoke? ☐ No ☐ Yes	19. Do you have any allergies *(Specify)*

20. List all prescription and over the counter medicine taken on a regular basis or more than once a week.

21. Illness(es) under M.D.'s care *(Specify)*	22. Have you had any injuries/surgery? ☐ No ☐ Yes *(If yes, explain under Comments.)*

COMMENTS

Click here to type text. If additional space is needed, use the TAB key to insert another row.

23. Is there any medical or physical reason not mentioned above that would prevent you from participating in an exercise program? ☐ No ☐ Yes *(If yes, explain below.)*

Click here to type text. If additional space is needed, use the TAB key to insert another row. Otherwise, move the mouse to the next field.

PRIVACY ACT STATEMENT

The FDIC is authorized to request this information from you by 12 U.S.C § 1819. The main purpose for collecting the information is to help assess and sustain your fitness for use of the FDIC Fitness Center. Furnishing the requested information is voluntary, but failure to provide the requested information may delay or prohibit your membership and participation in the FDIC Fitness Center. The information you provide may be furnished to third parties, including law enforcement authorities, as authorized by law, or used according to any of the routine uses described in the FDIC Fitness Center Records (30-64-0021) System of Records.