



**NORTHERN ARIZONA UNIVERSITY**  
*College of Health & Human Services*

**Department of Health Sciences**

**Student Information**  
**Health History & Assumption of Risk**

Class Name \_\_\_\_\_ semester \_\_\_\_\_

Name \_\_\_\_\_ NAU ID# \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Age \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Provider \_\_\_\_\_ Policy Number \_\_\_\_\_

Previous exercise/fitness experience \_\_\_\_\_

MEDICAL HISTORY STATEMENT: I understand that this class environment involves strenuous physical activity and that good health is essential to my safety and well-being. I hereby confirm that I am in good health and that I am not aware of any physical or emotional condition that would preclude me from safely participating in any class related activity. I understand that I should seek approval from a licensed physician if I am uncertain as to my physical fitness or I have not had a recent physical examination.

Overall Health \_\_\_\_\_ Overall Physical Condition \_\_\_\_\_

Place a check beside any item that applies to your past or present medical history and explain below.

- |                                   |   |  |
|-----------------------------------|---|--|
| <input type="checkbox"/> Asthma   | <input type="checkbox"/> Joint Problems     | <input type="checkbox"/> Back Problems     |
| <input type="checkbox"/> Fainting | <input type="checkbox"/> Heart Problems     | <input type="checkbox"/> Current Pregnancy |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Diabetes           | <input type="checkbox"/> Lung Disease      |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Frequent Headaches | <input type="checkbox"/> Other             |

Explanation. \_\_\_\_\_

I understand that hazards and dangers that are inherent to participation in this type of activity and I hereby assume all such risks and dangers. The information provided here is complete and accurate to the best of my knowledge. This information will be kept confidential except in the case of emergency. In the case of an emergency, this consent includes the release of medical and accidental information as deemed appropriate by the PES instructor or Recreation Center staff. I agree to release and hold the State of Arizona, the Arizona Board of Regents, Northern Arizona University, its employees and agents harmless in the event of loss and/or injury.

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