



Medical Clearance and Health Questionnaire

Contact Information

Name _____ Birth Date _____ Gender _____

Address _____

City _____ State _____ Zip _____

Phone Number(s) Home _____ Work _____ Cell _____

E-mail _____

Employer _____ Occupation _____

In case of emergency, please notify:

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Phone Number(s) _____ Home _____ Work _____ Cell _____

Medical History

This information is required to assist us in partnering with you in integrating a physical fitness program into your overall wellness and health program. This information will not be distributed beyond your personal trainer.

Has your physician or any other healthcare practitioner advised you against starting a physical fitness program?

If yes, list reason:

Have you had any surgeries within to past year, or, a surgery which may limit your ability to start a physical fitness program? If yes, please explain.



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Please indicate if you have or have had any of the following:

- | | |
|---|--|
| <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Chronic Obstructive Pulmonary Disorder |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Heart Attack |
| <input type="checkbox"/> Hypertension (Elevated Blood Pressure) | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Hypotension (Low Blood Pressure) | <input type="checkbox"/> Cardiovascular Disease/Arteriosclerosis |
| <input type="checkbox"/> Back Surgery | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Hip Replacement | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Broken Bones | |

Is there any reason not mentioned here that worries you about starting a regular exercise program?

Please describe any past or current musculoskeletal conditions you have incurred such as muscle pulls, sprains, fractures, surgery, back pain, or general discomfort:



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Lifestyle

Do you Smoke? If yes, how many and how often?

On average, how many alcoholic drinks do you consume per day and per week?

What do you do for a living?

How active are you at work?

- Sedentary (Sit most of the day)
- Somewhat active (I walk or am on my feet most of the day)
- Active (My job is physically demanding)
- Overactive (The physical activities at work often cause me pain or discomfort)

Nutrition and Weight

Height:

Weight:

Do you feel you are at a healthy weight for your height?

Do you experience large swings in your weight?

Is it difficult for you to gain or lose weight?

Please list the foods you prefer to eat.

Please list the foods you **DO NOT** prefer to eat.

Food Restrictions: Please list foods that you cannot eat



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Current Physical Activities

Please explain your current exercise regimen including all strength training, cardiovascular training or other sporting activities that you perform.

What kinds of physical activity motivates you? (HIIT, Treadmill, Free weights, Machines, other)

Goals

What are your goals:

Body Fat Loss

Muscle Gain

Strength Production

Increase Flexibility

General Health Aerobic

Conditioning Improve

Nutrition

Core Strength



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Please take a moment to carefully read the following information and sign where indicated.

I understand that the personal training I receive is provided for the purpose of exercise instruction and guidance. I further understand that personal trainers are not qualified to perform, diagnose, prescribe, or treat any physical or mental illness, or provide specific nutritional plans, and that nothing said in the course of the session(s) given should be considered as such. I should see a physician, chiropractor, registered dietitian or other qualified medical specialist for any nutritional concerns, mental or physical ailment that I am aware of.

I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the personal trainer updated as to any changes in my medical profile, and understand that there shall not be liability on the personal trainer's part should I forget to do so. I understand that I have enrolled in the personalized health and fitness program offered by my trainer. I recognize that the program may involve strenuous physical activity including, but not limited to, muscle strength and endurance training, cardiovascular conditioning and training, and other various fitness activities.

I hereby affirm that I do not suffer from any known disability or condition which would prevent or limit my participation in this exercise program. I acknowledge that my enrollment and subsequent participation is purely voluntary and in no way mandated by my personal trainer or any other staff member or manager. In consideration of my participation in this program, I hereby release my trainer or any affiliates from any claims, demands, and causes of action as a result of my voluntary participation and enrollment of the provided personal training services and/or exercise classes. I fully understand that I may injure myself as a result of my enrollment and subsequent participation in this program and I hereby release my trainer and or affiliates from any liability now or in the future for conditions that I may obtain. These conditions may include, but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, injuries to knees, injuries to back, injuries to foot, or any other illness or soreness that I may incur, including death.

I hereby affirm that I have read and fully understand the above statement.

Signature*:

Date:

Printed Name:

*If submitting online, please type in your name which will substitute as a digital signature