



Fitness Assessment Form

Name: _____ Age: _____ Male Female (circle one)
Address: _____
City: _____ State: _____ Zip: _____
E-mail Address: _____
Daytime Phone: _____ Evening Phone: _____
Physician's Name: _____ Phone: _____
Emergency Contact Name: _____ Phone _____

YOUR HEALTH STATUS

How long has it been, since you were participated in vigorous exercise? _____
Has a physician ever told you that, you may have a heart problem? _____
Has a physician ever told you that, your blood pressure was too high? _____
Has a physician ever told you, that you have a joint problem, such as arthritis, which may be made worse by exercise? _____
Have you consulted a physician regarding, increasing your physical activity? _____

Please indicate any health conditions that apply and provide a brief explanation:

- | | |
|--|---|
| <input type="checkbox"/> High blood pressure _____ | <input type="checkbox"/> Foot or knee problems _____ |
| <input type="checkbox"/> Heart condition _____ | <input type="checkbox"/> Neck or back problems: <input type="checkbox"/> cervical <input type="checkbox"/> thoracic <input type="checkbox"/> lumbar |
| <input type="checkbox"/> Angina _____ | <input type="checkbox"/> Sacroiliac problems _____ |
| <input type="checkbox"/> Diabetes _____ | <input type="checkbox"/> Recent surgery _____ |
| <input type="checkbox"/> Asthma _____ | <input type="checkbox"/> Depression _____ |
| <input type="checkbox"/> Immune disease _____ | <input type="checkbox"/> High cholesterol _____ |
| <input type="checkbox"/> Rheumatism _____ | <input type="checkbox"/> Medications (list all medications) _____ |
| <input type="checkbox"/> Arthritis/bursitis _____ | _____ |
| <input type="checkbox"/> Hernia _____ | _____ |

I attest that the above information in complete and true:

Signature: _____ Date _____