



FITNESS ASSESSMENT

NEW/EXISTING MEMBERS

Client's Name: _____

E-mail: _____

Phone: _____

CLIENT INFORMATION

Name:	Member Number:	Date of Birth:
Street Address:		
City/State:	Circle: Male Female	Current Age:
Name of Emergency Contact:		
Cell/Home Phone Number:	Email:	
Today's Date:	Personal Trainer:	
Height:	Weight:	Blood Pressure:

Informed Consent

I hereby request the opportunity to participate in a health and fitness evaluation consisting of physical exercise. I hereby acknowledge that my participation in this evaluation is entirely voluntary on my part. Such participation is solely for my own pleasure and benefit.

It is possible that certain unhealthy changes may occur during this evaluation which may include:

- Abnormal blood pressure
- Fainting
- Disorder of heart beat
- Heart attack or stroke

Information you possess about your health status or previous experiences of unusual feeling with physical effort may affect the safety and value of your evaluation. Your prompt reporting of feelings with effort during the evaluation are also of great importance. You are responsible to fully disclose such information when request by the testing staff.

Any questions about the procedures used in the evaluation are encouraged. If you have any doubts or questions, please ask us for further explanation. Your permission to perform this evaluation is voluntary. You are free to deny consent or stop the evaluation at any point.

I have read this form and I understand the testing procedures that I will perform. I consent to participate in this evaluation.

Member Signature:

Date:

Personal Trainer Signature:

Date:

HEALTH HISTORY QUESTIONNAIRE

Date of last physical exam:

Clinic:

Please list any medications and/or supplements you are currently taking. Please include frequency and dose.

Have you ever been or are currently diagnosed with the following?

ARTHRITIS	YES	NO	EXPLANATION:
BACK PROBLEMS	YES	NO	EXPLANATION:
BONE/JOINT OR MUSCULAR ISSUES	YES	NO	EXPLANATION:
PREGNANCY *CURRENT OR PLANNING TO BECOME	YES	NO	EXPLANATION:
HYPERTENSION	YES	NO	EXPLANATION:
HEART MURMUR	YES	NO	EXPLANATION:
HIGH CHOLESTROL	YES	NO	EXPLANATION:
DIABETES *Type 1 or 2	YES	NO	EXPLANATION:
ASTHMA	YES	NO	EXPLANATION:

OTHER: (Please include any surgeries, hospitalizations or any other diagnoses)

If you have two or more high risk factors, a Medical Clearance is required before testing or training occur.
If there are any changes to your health, please notify your Personal Trainer immediately.