

MEDICAL INFORMATION

Do you smoke? Yes No If yes: How much/often? _____
Do you ingest alcohol? Yes No If yes: How much/often? _____
Do you drink coffee? Yes No If yes: How much/often? _____

List all old or recent injuries: _____

When was your last complete physical exam? _____

MEDICAL HISTORY

PLEASE CHECK, IF APPLICABLE, ANY OF THE FOLLOWING HEALTH PROBLEMS YOU HAVE OR HAVE HAD THAT HAVE BEEN DIAGNOSED OR TREATED BY A HEALTH PROFESSIONAL.

<input type="checkbox"/> Rheumatism	<input type="checkbox"/> Orthopedic Problems	<input type="checkbox"/> Brain Concussion/Head Injury
<input type="checkbox"/> Heart Murmur	<input type="checkbox"/> Disease of Arteries	<input type="checkbox"/> Allergies (Hay Fever/Asthma)
<input type="checkbox"/> Injuries to back, knees, ankles	<input type="checkbox"/> Varicose Veins	<input type="checkbox"/> Arthritis
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Lung Disease	<input type="checkbox"/> Heart Rhythm Abnormalities
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hypoglycemia
<input type="checkbox"/> Other		

List any recent and or past operations and dates performed: _____

Loss of Consciousness/Heart Attack/Stroke? YES NO If yes, how long ago? _____

FAMILY HISTORY

DO ANY OF YOUR BLOOD RELATIVES (BROTHERS, SISTERS, PARENTS, GRANDPARENTS, AUNTS, UNCLES, ETC.) HAVE OR HAVE HAD:

<input type="checkbox"/> Heart Attacks	<input type="checkbox"/> Heart Operation	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> High Cholesterol
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Congenital Heart Disease	Other _____

WAIVER

I, the undersigned, have read, understand, and have answered the above health/medical survey questions fully and truthfully. I am aware of my responsibility to consult with my personal physician regarding my clearance to engage in strenuous exercise and/or a nutritional support program. I do hereby intend to be legally bound for myself and waive release of any and all rights and claims for damages I may have against the participating training facility, and the fitness trainer/certified nutritionist administering this program as well as the program creators themselves or anyone in connection with them for any and all injuries suffered while following the training and/or nutrition program provided to me.

Client Signature _____ Date _____

Print Client Name _____