

General Information and Health Questionnaire

Name _____ Age _____ Date _____
Address _____ Home Phone _____
City _____ Zip Code _____ Work Phone _____
Email _____ Cell Phone _____

What is the present state of your general health? _____

Emergency Contact: Name _____ Phone number _____

Are you presently taking any medications? (please list) _____

Are you now or have you been pregnant within the past three months? _____

Does your physician know you are participating in an exercise program? _____

Do you now or have you had within the past year:	Yes	No
1. History of heart problems?	<input type="checkbox"/>	<input type="checkbox"/>
2. High blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
3. Difficulty with physical exercise?	<input type="checkbox"/>	<input type="checkbox"/>
4. A chronic illness?	<input type="checkbox"/>	<input type="checkbox"/>
5. Advice from a physician not to exercise?	<input type="checkbox"/>	<input type="checkbox"/>
6. Muscle, joint or back disorder that could be aggravated by physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
7. Recent surgery (within the past three months)?	<input type="checkbox"/>	<input type="checkbox"/>
8. History of lung problems?	<input type="checkbox"/>	<input type="checkbox"/>
9. History of diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
10. Cigarette-smoking habit?	<input type="checkbox"/>	<input type="checkbox"/>
11. Obesity (more than 20 pounds overweight)?	<input type="checkbox"/>	<input type="checkbox"/>
12. High blood cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>
13. History of heart problems in immediate family?	<input type="checkbox"/>	<input type="checkbox"/>

What regular physical activity do you presently do? _____

Please list all of your goals for starting an exercise program? _____

I recognize that exercise is not without varying degrees of risk to musculoskeletal and/or cardiorespiratory systems. I hereby certify that I know of no medical problems that would increase my risk of illness and injury as a result of participation in a fitness program designed by Sharon Tuggle. I understand and have been informed that there exists the possibility of adverse changes during the exercise program. I have been informed that these changes could include abnormal blood pressure, fainting, disorder of heart rhythm, stroke, and very rare instances of heart attack or even death. I agree to waive, release, remise and discharge Sharon Tuggle of any and all claims, demands, actions or damages of any kind resulting from participation in fitness training. The undersigned hereby releases Sharon Tuggle as well as waives any and all claims and understands and assumes any and all risk with participation in fitness training.

Cancellation Policy: To avoid being charged for your session, please give a **24 hour** notice when cancelling your session. Emergencies and illnesses are exempt of charges.

I certify the above information is true to the best of my knowledge.

Client Signature

Date