



CONFIDENTIAL HEALTH AND FITNESS QUESTIONNAIRE

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

PHONE: _____ E-MAIL: _____

EMERGENCY CONTACT: _____

PHONE: _____ RELATIONSHIP: _____

This questionnaire will help assess your fitness level and suitability for exercise. Accurate answers to these questions will allow us to develop a fitness program that is appropriate for you and your goals.

1. Have you ever suffered from heart disease, high blood pressure, or other cardiovascular problem? **YES NO**
2. Have you ever suffered from asthma or other respiratory disease? **YES NO**
3. Are you diabetic? **YES NO**
4. Do you have any medical condition that you think might interfere with your participation in an exercise program? **YES NO**
5. Have you ever suffered from a muscle, joint or back disorder that could be aggravated by exercise? **YES NO**
6. Are you currently taking any medication or recovering from recent illness or surgery? **YES NO**
7. Are you more than 25 lbs. Overweight? **YES NO**
8. Are you pregnant, or have you been pregnant in the last 3 months? **YES NO**
9. Are you a newcomer to a regular exercise program? **YES NO**
10. Do you smoke? **YES NO**
11. Reasons for exercising (circle all that apply):
 - a. lose fat
 - b. Change appearance
 - c. Gain strength
 - d. Sports performance
 - e. Doctor's advice
 - f. Fun
 - g. Social
 - h. Feel fitter
 - i. Other?

12. Current physical activities/sports/classes:
(State frequency per week or month) _____

13: How did you hear about us? Ad ___ Yellow Pages ___ Referral(who?) _____ Other _____

DISCLAIMER

I hereby agree to participate in a personal training and fitness program of my own free will and with full knowledge of the risks involved. Elite Fitness Institute, Inc., its owner and director, Jeffrey R. Schultz, or any personal trainer on behalf of Elite Fitness Institute, Inc., shall not be liable for any injury or loss suffered or caused as a result of my participation in this Personal Training and Fitness Program.

I understand that all training sessions must be completed within 90 days from date of purchase.

I further understand that cancellation of a scheduled training session must be made within 24 hours to avoid forfeiture of session fee or payment.

SIGNED: _____ DATE: _____