

# Medical History Questionnaire

## THE FITNESS PURSUIT, INC.

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

**Personal Physician**

**Emergency Contact**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Phone: \_\_\_\_\_ Night Phone: \_\_\_\_\_

**Medications:** *Please indicate if you are taking any current prescription/over the counter medications*

Name/Description of medication	When taken	Reason for taking	Affects on body

**Health Problems:** *Please indicate if you have history of the following health problems*

	Yes	No		Yes	No		Yes	No
Cardiovascular			Musculoskeletal			Recent Injury/Surgery		
Pace Maker			Back Problems			Eating Disorder		
Dizzy/Fainting			Neck Problems			Jaundice/Hepatitis		
Respiratory			Knee Problems			Ulcer		
Asthma			Shoulder Problems			Immune Disorder		
Diabetes			Hip Problems			Blood Disorder		
Seizures			Osteoporosis			Skin rash/Lesion		
Cancer			Arthritis			Psych/Mental		
Neuromuscular			Fibromyalgia			Other		

If female, any chance you could be pregnant? \_\_\_\_NO \_\_\_\_YES

Explanation of medical history: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Any other special needs your trainer should be aware of? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

**THE FITNESS PURSUIT, INC.**  
**Informed Consent And Waiver Of Liability**

**Participant's Name** \_\_\_\_\_

I hereby consent, voluntarily, to participate in personal training. The sessions includes a Health Risk Assessment, Fitness Evaluations, and Exercise Instruction with a qualified personal trainer.

**Health Risk Assessment:** I am first required to fill out a Health Risk Questionnaire to identify potential hazards that may limit the type or amount of activity that I am able to do. I understand that under certain circumstances an assessment and written consent from my physician may be required before The Fitness Pursuit, Inc. will allow my participation. When required, this assessment and written consent by my physician is administered for my safety. All personal information obtained by The Fitness Pursuit, Inc. will be treated as privileged and confidential.

**Fitness Evaluation/Instruction:** I understand an individualized exercise program will be designed and implemented, by appointment, based on the initial consultation which will assess health risks and determine goals. During the program orientation, my current fitness level will be established and appropriate activities selected. These activities may include cardiovascular, strength, and flexibility training. I understand that I can withdraw my consent or discontinue participation in any aspect of this Personal Training program at any time.

**Potential Risk:** I understand that despite the results of the health risk assessment and program orientation, every individual responds differently to exercise. There is always the possibility of an adverse reaction during or after exercise, which can result in physiological changes, muscular injury, and in rare instances, even death. Although these risks cannot be entirely eliminated, The Fitness Pursuit, Inc. will assist me in taking precautions to minimize such risks.

**Participant Responsibility:** I agree to pay required fees in advance of scheduling Personal Training sessions. I agree to cooperate fully with my trainer. If a scheduled appointment cannot be kept, I will notify my trainer at least 48 hours in advance to avoid being charged for the session. I also understand that my success ultimately depends on my compliance to the personal training program and on the personal lifestyle choices I make.

**WAIVER OF LIABILITY:** I understand and agree that my participation in my individualized exercise program is a voluntary undertaking. I understand and agree by participating in the individualized exercise program, I am voluntarily assuming the risk of physical injury and death. I agree to release, indemnify and hold harmless The Fitness Pursuit, Inc. and all its employees, including my individual trainer, from any and all claims, damages or other liabilities which might result from my voluntary participation in The Fitness Pursuit, Inc. and which are not the result of gross negligence, intentional neglect or willful or wanton conduct by The Fitness Pursuit, Inc. or its employees. This Release shall be binding upon me and upon my executors, administrators, personal representatives, heirs, successors and assigns.

I have read all of the above information and understand it, with all of my questions having been answered to my satisfaction.

**Participant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Witness Signature** \_\_\_\_\_ **Date** \_\_\_\_\_