

TANAGE`

Fitness/Health Assessment and Questionnaire

Name: _____ Date: _____ DOB: _____ Age: _____

Address: _____ City/State: _____

Home Phone: _____ Cell Phone: _____

Please answer the following questions as accurate and honest as you can. This will assist us in helping you meet your fitness goals.

Do you have any specific fitness goals which you would like to attain?

- Lose wt & inches _____
- Strengthen & tone _____
- Continue to improve fitness _____
- Gain wt & build _____

Check (✓) on the following health concerns?

- | | |
|--|---|
| High blood pressure <input type="checkbox"/> | Low blood pressure <input type="checkbox"/> |
| Diabetes <input type="checkbox"/> | Bone or joint problems <input type="checkbox"/> |
| Tendonitis <input type="checkbox"/> | Where? _____ How long? _____ |
| Past surgeries <input type="checkbox"/> | What for? _____ How long ago? _____ |

Are you taking any medications? Reason: _____

Do you take any vitamins or dietary supplements?
Reason: _____

Do you have any allergies? List: _____

Do you exercise regularly?
List activities: _____

Do you have any other medical concerns which may need a physician's approval prior to starting an exercise program? Yes _____ No _____

Any other issues the trainer should know? List them here: Use second pg as needed.

By signing this I acknowledge that any physical activity that includes, but is not limited to, weight training, various aerobic conditioning and machines, can be strenuous. I agree to assume all risk and responsibility involved with participation in physical activity, and release from liability Nickie Nicolas and Tanage'.

_____ Date: _____

Cancellation Notice: 24 hr notice is required or a fee will be charged. _____ (initial)

Notes: _____

