

Medical Questionnaire



Name: _____ Day Phone: _____ Date: _____
Address: _____ City: _____ State: _____ Zip: _____
DOB: ____/____/____ Male: ___ Female: ___ Weight: _____ Height: _____ Age: _____
Occupation: _____ Employer: _____ Marital Status: _____
Physician: _____ Email: _____

How many days per week do you currently exercise? _____ How many are ideal for you? _____
What is your PRIMARY health and/or fitness goal? Weight loss / Weight gain / Overall health
How would you rate your nutrition habits within the last month? Best 10 9 8 7 6 5 4 3 2 1 least
How would you characterize your lifestyle? Highly stressful / Moderately stressful / Not stressful

Please circle the appropriate response:

- Y N Are you over the age of 55?
- Y N Do you have Diabetes?
- Y N Is your cholesterol over 220? If not, are you taking medication to control it? Y N
- Y N Do you smoke? If no, have you ever used tobacco? Y N
- Y N Is your blood pressure over 140/90? If not, are you taking medication for it? Y N
- Y N Do you lead a sedentary (inactive) lifestyle?
- Y N Do you have a family history of coronary heart disease prior to the age of 55?
- Y N Has your doctor ever told you that you had a heart condition?
- Y N Do you ever experience chest pain?
- Y N Do you experience unusual fatigue or shortness of breath at rest or with usual activities?
- Y N Do you ever have fainting or dizzy spells?
- Y N Have you ever suffered from an uneven, irregular, racing, or skipped heartbeat?
- Y N Do you suffer from asthma, emphysema, or other pulmonary diseases?
- Y N Do you suffer from arthritis, rheumatism or gout?
- Y N Do you suffer from epilepsy or seizures?
- Y N Have you ever experienced any other joint, bone, or muscle problems (knee, shoulder, etc.)?
- Y N Do you have chronic low back pain?
- Y N Is there any other physical disability that could interfere with safe exercise participation?

Please list:

Please list all prescription and over-the-counter medications taken that we should be aware of: (please use the back of this paper, if necessary)

Medication:	Dosage:	Times/Day
_____	_____	_____
_____	_____	_____

All of the above statements are true and correct to my knowledge. I do not hold Sandbox Athletics, LLC, dba North Florida Muay Thai, Lane's Fitness, The Amelia Athletic Club, Inc., d/b/a Club 14 Fitness, Douglas Lane, Rae Lane, or any employee or sub-contractor of any mentioned entities or individuals liable for any injuries I may sustain whether or not caused in whole or in part by the actions or omissions of said entities or individuals, or any employees or agents thereof.

I understand that I am voluntarily participating in all types of physical activity at my own risk. I recognize that there are many risks of injury, including serious disabling injuries and death, that may arise due to my participation in this activity and that it is not possible to specifically list each and every individual injury risk. However, knowing the material risks and appreciating, knowing, and reasonably anticipating that other injuries and even death are possibilities, I hereby expressly assume all of the delineated and non-delineated risks of injury and all other possible risks of injury and even death, which could occur, by reason of my participation, whether or not caused in whole or in part by the actions or omissions of said entities or individuals, or any employees or agents thereof. I, the undersigned, hereby expressly and affirmatively state that I have had an opportunity to ask questions and the questions have been answered to my complete satisfaction.

I release and waive any and all claims, demands, losses, or damages, including those for personal injury and/or death, against any of the above-mentioned entities or individuals, and all employees and agents thereof, whether or not such damage, injury and/or death is caused in whole or in part by the actions or omissions of said entities or individuals, or any employee or agent thereof. I further release my digital image and personal photo and/or photo of my child (minor) to this entity with no claims of profit or liability occurring from usage of the image.

If the student/client is a minor, parent or guardian agrees to all of the above statements on behalf of the minor.

Client Signature: _____ Date: _____ Trainer Initials: _____

Parent / Guardian Signature: _____ Date: _____