

Health History

Name: _____ Date: _____

D.O.B ____/____/____ Age: ____ Cell#: _____ Home#: _____

Emergency Contact: _____ Phone #: _____

Does your physician know you are participating in this exercise program? Yes___ No___

If not, are there any restrictions we should be aware of:

| Do you now or have you had in the past: | Yes | No |
|---|-----|-----|
| 1. History of heart problems, chest pain or stroke | ___ | ___ |
| 2. High blood pressure (hypertension) | ___ | ___ |
| 3. Any chronic illness or condition | ___ | ___ |
| 4. Difficulty with physical exercise | ___ | ___ |
| 5. Advice from physician not to exercise | ___ | ___ |
| 6. Recent surgery within the last 12 months | ___ | ___ |
| 7. Pregnancy (now or within the last 3 months) | ___ | ___ |
| 8. History of breathing or lung problems | ___ | ___ |
| 9. Muscle, joint or back disorder, or any previous injury still affecting you | ___ | ___ |
| 10. Diabetes or thyroid condition | ___ | ___ |
| 11. Smoke Cigarettes | ___ | ___ |
| 12. Obesity (more than 20% over ideal body weight) | ___ | ___ |
| 13. High cholesterol | ___ | ___ |
| 14. History of heart problems in your immediate family | ___ | ___ |
| 15. Hernia, or any condition that may be aggravated by lifting weights | ___ | ___ |

Please explain any "yes" answers: _____

Any client that answers "yes" to the health history questions above may be asked to get a medical release before starting any group fitness class or exercise. At Xtreme Measures we are looking out for your best interest, so please do not take it personal if you are asked for a medical release before starting an exercise program.

Signature

Date