



FITNESS EXPERTISE
ASSOCIATION

Empowering Trainers, Transforming Lives



Official Client Assessment and Consent Form for Personal Training

This form is an official document of the Fitness Expertise Association (FEA). It may only be used and administered by FEA Certified Personal Trainers

I. CLIENT INFORMATION

Full Name: _____ Age: _____ Sex: _____
Date of Birth: _____ Address: _____
Contact Number: _____ E-mail: _____
Emergency Contact: (Name, Relationship, and Contact No.) _____

II. HEALTH HISTORY AND SCREENING

(Please check ✓ if applicable)

- | | |
|--|---|
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> High cholesterol |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Joint Injury |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Recent Surgery or injury (within 6 month |
| <input type="checkbox"/> Other Medical Conditions: _____ | |

Are you currently under a doctor's care?

- ☐ Yes
☐ No

If yes, please describe _____

Are you taking any medications?

- ☐ Yes
☐ No

If yes, list them: _____

Have you ever been advised not to exercise?

- ☐ Yes
☐ No

Do you Smoke?

- ☐ Yes
☐ No

Women: Are you pregnant or recently postpartum?

- ☐ Yes
☐ No

Drink Alcohol?

- ☐ Yes
☐ No

Family History:

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Diabetes |

III. LIFESTYLE

Occupation Type: ☐ Sedentary ☐ Lightly Active ☐ Active ☐ Very Active

Average Hours of Sleep: ____ per night

Stress Level: ☐ Low ☐ Moderate ☐ High

Daily Water Intake: ____ liters

Diet Type: ☐ Balanced ☐ High-Carb ☐ High-Protein ☐ Vegetarian ☐ Other: _____

Exercise History:

Have you exercised regularly before? ☐ Yes ☐ No

If yes, what type of exercise and how often? _____

Current Physical Activity Level: ☐ None ☐ 1-2x/week ☐ 3-4x/week ☐ 5+ times/week

Motivation for Training:

☐ Weight Loss ☐ Muscle Gain ☐ Endurance ☐ Strength ☐ Health Improvement ☐ Sports Performance

IV. BODY COMPOSITION & VITALS

Measurement	Result	Notes
Height	____ cm	
Weight	____ kg	
BMI		
Body Fat	____ %	
Waist Circumference	____ cm	
Resting Heart Rate	____ bpm	
Blood Pressure	____ / ____ mmHg	
Temperature	____ °C	

V. POSTURE & MOVEMENT ASSESSMENT

Postural Observation:

☐ Neutral ☐ Forward Head ☐ Rounded Shoulders ☐ Anterior Pelvic Tilt ☐ Flat Back ☐ Scoliosis

Movement Screening:

Exercise	Observation	Notes
Overhead Squat		
Push-up		
Plank		
Step-up		
Shoulder Mobility		

VI. FITNESS TESTS

Component	Test Name	Result	Goal/Target
Cardiovascular Endurance	3-min step test/ 1.5 mile run		
Muscular Strength	1RM Squat/Bench		
Muscular Endurance	Push-Up / Sit-Up test		
Flexibility	Sit and Reach	_____ cm	_____ cm
Agility/ Balance	Single-leg Balance/ Shuttle Run		



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VII. GOAL SETTING (SMART METHOD)

Goal	Specific	Measurable	Achievable	Relevant	Timely
1.					
2.					
3					

VIII. TRAINER'S NOTES & RECOMMENDATIONS

Initial Program Focus:

☐ Weight Loss ☐ Strength ☐ Endurance ☐ Flexibility ☐ Rehabilitation

Training Frequency:

☐ 2x/week ☐ 3x/week ☐ 4x/week ☐ Custom: _____

Additional Notes: _____

IX. TRAINER'S NOTES & RECOMMENDATIONS

Client Statement:

I confirm that the above information is accurate to the best of my knowledge. I understand that fitness assessments and exercise programs carry some risk and I agree to participate at my own responsibility.

Client Signature: _____

Date: _____

Trainer's Signature: _____

Date: _____