

## Medical Questionnaire

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

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Person to call in case of emergency: \_\_\_\_\_

Phone number in case of emergency: \_\_\_\_\_

Has your doctor ever said you have a heart condition or high blood pressure? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you feel pain in your chest at rest, during your daily activities of living, OR when you do physical activity?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Do you lose balance because of dizziness OR have you lost consciousness in the last 12 months?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)?  
Yes \_\_\_\_\_ No \_\_\_\_\_

PLEASE LIST CONDITION HERE \_\_\_\_\_

Are you currently taking prescribed medications for a chronic medical condition? Yes \_\_\_\_\_ No \_\_\_\_\_  
PLEASE LIST CONDITION(S) AND MEDICATIONS HERE: \_\_\_\_\_

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Do you currently have (or have you in the last 12 months) a bone, joint, or soft tissue (muscle, ligament, or tendon) problem that could be made worse by becoming more physically active?  
Please answer NO if you had a problem in the past, but it does not limit your current ability to be physically active.  
Yes \_\_\_\_\_ No \_\_\_\_\_

Has your doctor ever said that you should only do medically supervised physical activity?  
Yes \_\_\_\_\_ No \_\_\_\_\_

## **LIABILITY AND INFORMED CONSENT**

In consideration of being allowed to participate in the activities, events and programs of Linda Magee Fitness and to make use of the facility, its equipment and services in addition to the payment of any fee or charge, I do hereby waive, release, discharge, and covenant not to sue Linda Magee Fitness and its agents, employees, representatives, executors, members, and all others acting on her behalf, hereinafter referred to as "releasees", from any and all claims or liabilities for injuries or damages to my person and/or property, including those caused by the negligent act or omission of any of the releasees or otherwise, arising out of or connected with my participation in any activities, programs or services of Linda Magee Fitness or the use of any equipment at various sites, including home, and out of doors, provided by and/or recommended by Linda Magee Fitness.

I understand and am aware that strength, flexibility, balance, aerobic, and other forms of exercise, including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death, and that I am voluntarily participating in these activities using equipment and machinery with knowledge of the dangers involved. I hereby expressly assume all of the delineated risks of injury, all other possible risks of injury and even the risk of death which could occur by reason of my participation in any of the assessments, activities or programs or in the use of equipment in any or all settings. I agree to allow a trainer to physically adjust my body for the purpose of improving my form.

I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation or use of equipment or machinery in any of the activities and programs provided by Linda Magee Fitness except as hereinafter stated. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise and use of exercise and training equipment so that I might have his/her recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and been given my physician's permission to participate, or that I have decided to participate in activity and use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

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Signature

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Date