ERGOFI FITNESS
HEALTH HISTORY ASSESSMENT

All questions contained in this assessment are strictly confidential and will become part of your customer record

Name:	**Date:**	**DOB:**	**Age:**
Gender: ☐ M ☐ F	**Phone Number:**	**Email:**	
Emergency Contact Name:	**Emergency Contact Number:**		

HEALTH HISTORY ASSESSMENT

PLEASE CHECK ALL THAT APPLY (IF NONE APPLY LEAVE BLANK)

1. Health History

You have had or currently have:

- ☐ cardiac catheterization
- ☐ congenital heart disease
- ☐ coronary angioplasty (PTCA)
- ☐ heart attack
- ☐ heart failure
- ☐ heart surgery
- ☐ heart transplant
- ☐ heart valve disease
- ☐ pacemaker/implantable cardiac defibrillator
- ☐ rhythm disturbance

2. Health Symptoms

You have had or currently have:

- ☐ ankle swelling
- ☐ burning or cramping sensations in the lower legs when walking short distances
- ☐ chest discomfort with exertion
- ☐ dizziness, fainting or blackouts
- ☐ unpleasant awareness of a forceful, rapid or irregular heart rate
- ☐ unreasonable breathlessness

3. Health Concerns

You have had or currently have:

- ☐ diabetes
- ☐ musculoskeletal issues that limit daily functions
- ☐ obesity
- ☐ renal disease

Overall Health

☐ None of the above applies, I have no

- **1. Health History**
- **2. Health Symptoms** or
- **3. Health Concerns**

that would restrict an exercise program safely without consulting my primary physician and/or any other appropriate health care provider in a guided exercise program and I take full responsibility that this **Health History Assessment** includes true statements to the best of my knowledge.

If you have marked any of the statements in the following sections above: 1. Health History, 2. Health Symptoms, and/or 3. Health Concerns it is recommended to consult your primary physician in order to participate in ErgoFi Fitness Group Exercise Programming and Classes.

☐ **I hereby agree that all activities and use of facilities and programs shall be undertaken by my own risk. ErgoFi Fitness shall not be liable for any claims, demands, injuries, damage or actions whatsoever to my property arising out of, or connected with the use of any of the services, programs and facilities of ErgoFi Fitness that could be a threat to my own personal health. I expressly forever release, indemnify, defend, protect and hold harmless ErgoFi Fitness at all times from and after the date of this Agreement. I waive any physician's health approval and take personal liability for my own actions in participation with ErgoFi Fitness services, programs and facilities.**

General Health Information

Medication(s): Please list any medications that you are currently taking that could hinder your physical group exercise participation and/or any other health related risk factors you may be aware of that could be a concern during physical group exercise participation:

_____

_____

_____

Client Acknowledgement

- ✓ **I acknowledge it is my obligation to immediately inform the ErgoFi Fitness Instructor of any pain, discomfort, fatigue and/or any other concerns and symptoms that I may suffer during and immediately after participation.**
- ✓ **I recognize that by participating in the activities, facilities, programs and services offered by ErgoFi Fitness programming, I may experience potential health risks such as transient lightheadness, fainting, abnormal blood pressure, chest discomfort, leg cramps, soreness, and/or nausea and willingly assume ALL the risks.**
- ✓ **I understand that I may also be requested to stop, pause, and/or rest by an ErgoFi Fitness Instructor who observes any symptoms of distress or abnormal responses.**
- ✓ **I understand that the ErgoFi Fitness Instructor may dispatch Emergency Response/911 if their judgment such supports a warrant concern.**
- ✓ **I understand that I may ask any questions or request further explanation or information about the activities, facilities, programs and services offered by ErgoFi Fitness at any time before, during or after my participation.**

Notice of Confidentiality

The information obtained from this **Health History Assessment** will be treated as confidential. ALL information obtained from this **Health History Assessment** will only be used by ErgoFi Fitness to evaluate a member's exercise status, needs and/or concerns.

This signature holds me accountable that I have read, understood and completed this questionnaire to my fullest knowledge. Any questions that I may have had were answered to my full satisfaction. I will complete a Health History Assessment annually and/or if needed for any known changes in my health status and/or health history for further group exercise participation.

Client Signature: _____

Trainer/Owner Signature: _____