FRONTDOORFIT

Fitness at your doorstep

MEDICAL HISTORY & HEALTH WAIVER

Client Name:_____

Date of birth: _____

Email Address:_____

Phone (cell)_____

Check if applicable:

- ❑ Recent illness, hospitalization, or surgical procedure
- ❑ Heart disease, cardiac history, stroke
- ❑ Abnormal ECG
- ❑ Uneven, irregular, or skipped heart beats
- ❑ High cholesterol levels
- ❑ Family history of heart disease
- ❑ Diabetes
- ❑ High blood pressure
- ❑ Smoking
- ❑ Pulmonary disease (asthma, emphysema, bronchitis)
- ❑ Light headedness or fainting
- ❑ Chest pain at rest or exertion, or unusual shortness of breath
- ❑ Orthopedic problems (bone, joint or muscle problems)
- ❑ Depression
- ❑ Physical inactivity

List all medications:

_____

_____

_____

List any applicable injuries:

_____

_____

By signing this document, I acknowledge that I have been informed of the need to obtain a physician's examination and approval prior to beginning this exercise program. I fully understand that exercise can be strenuous and choose to participate completely voluntarily. I accept all responsibility for my health and any resultant injury or mishap that may affect my well being or health in any way. I hold harmless of any responsibility, the instructor, facility or any persons involved with this program or testing procedures.

_____ _____

Signature Date

Joan DiMaggio, Certified Personal Trainer | 585-615-7754 | FrontDoorFit.com