

Full Name

Email Address

Gender

Street Address

City

Province/Region

Zipcode

Country

Date of Birth

☐ I agree to these terms.

Have you ever had any form of heart disease? *

☐ Yes ☐ No

Have you ever experienced shortness of breath or chest pain? *

☐ Yes ☐ No

Do you have or do any of the following pertain to your health? *

☐ Yes ☐ No

High Blood Pressure *

☐ Yes ☐ No

Cigarette Smoking *

☐ Yes ☐ No

Diabetes *

☐ Yes ☐ No

Family history of heart disease *

☐ Yes ☐ No

Do you work out at least three times per week? *

☐ Yes ☐ No

Are you taking any medications? *

☐ Yes ☐ No

Do you have any problems in the following areas?

☐ Yes ☐ No

Knees *

☐ Yes ☐ No

Explain

Lower Back *

☐ Yes ☐ No

Explain

Neck/shoulders *

☐ Yes ☐ No

Explain

Hips/Pelvis *

☐ Yes ☐ No

Explain

Other *

☐ Yes ☐ No

Explain

Is there any reason that you are aware of which should preclude your participation in exercise? *

Sign your name below:

Please read the [Electronic Records and Signature Disclosure](#)
☐ I agree to use electronic records and signatures
