PREMIERE PERSONAL FITNESS, LLC
FIT BY FRED
HEALTH HISTORY FORM

Name: _____ Date: _____ Birthday: _____
Address: _____
Phone: _____ Email: _____

HEALTH REPORT
Emergency Contact: _____ Phone: (____) _____
Doctor's Name: _____ Phone: (____) _____

1) Are you Currently taking any medication? □ Yes □ No
   Type: _____ Reason: _____
   Type: _____ Reason: _____
   Type: _____ Reason: _____

2) Do you have or have you ever had any of the following conditions?

CONDITION			DESCRIPTION
Heart Attack	□ Yes	□ No	
Stroke	□ Yes	□ No	
Chest Pain	□ Yes	□ No	
Hypertension	□ Yes	□ No	
Diabetes	□ Yes	□ No	
Cancer	□ Yes	□ No	
High Cholesterol	□ Yes	□ No	
Hernia	□ Yes	□ No	
Arthritis	□ Yes	□ No	
Thyroid	□ Yes	□ No	
Anemia	□ Yes	□ No	
Other	□ Yes	□ No	

3) Have you ever been injured in any of the following areas?

BODY PART			DESCRIPTION	WHEN?
Neck	□ Yes	□ No		
Shoulders	□ Yes	□ No		
Arms	□ Yes	□ No		
Abdomen	□ Yes	□ No		
Back	□ Yes	□ No		
Legs	□ Yes	□ No		

4) Are you currently under the care of a physician for any reason at all?
   □Yes □ No If Yes, explain_____
5) Do you smoke cigarettes? □ Yes □ No. If yes, how much?_____
6) Do you know of any physical condition that you have that could be aggravated by exercising or exerting yourself?
   □ Yes □ No If Yes, explain_____
7) Are you taking any medication that could cause a reaction while exercising?
   Yes □ No If Yes, Explain_____
8) Does your doctor know that you are beginning a new exercise program? □ Yes □ No
9) If your doctor knows that you are going to begin a new exercise program,
   does he/she object? □ Yes □ No If Yes, why?_____

RELEASE

I know of no physical or medical condition that I, or my Doctor, feel could be aggravated by my exercising or participating in activities instructed by my trainer. I agree to advise my trainer in writing if any of the above information changes or if my Doctor advises me to stop, reduce, or otherwise adjust my exercise regimen. I will advise my trainer immediately if I injure myself in anyway while exercising under his/her guidance. The information I have given on this form is, to the best of my knowledge, complete and accurate.

Signature_____ Date: _____ **(Form #6A)**