



## Health Questionnaire

|   | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| 1. Has your doctor ever said that you have a heart condition or that you should only perform physical activity recommended by a doctor?   | _____      | _____     |
| 2. Do you feel pain in your chest when you perform physical activity?   | _____      | _____     |
| 3. In the past month, have you had chest pain when you were not performing any physical activity?   | _____      | _____     |
| 4. Do you lose your balance because of dizziness or do you ever lose consciousness?   | _____      | _____     |
| 5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?  | _____      | _____     |
| 6. Is your doctor currently prescribing any medication for your blood pressure or for a heart condition?  | _____      | _____     |
| 7. Do you have high cholesterol?  | _____      | _____     |
| 8. Do you know of any other reason why you should not engage in physical activity?  | _____      | _____     |
| 9. Have you ever had any pain or injuries (ankle, knee, hip, back, shoulder)? If yes, please explain.<br>_____  | _____      | _____     |
| 10. Have you ever had any surgeries? (If yes, please explain.)<br>_____   | _____      | _____     |
| 11. Has a medical doctor ever diagnosed you with a chronic disease, such as coronary heart disease, coronary artery disease, hypertension (high blood pressure), high cholesterol or diabetes? If yes, please explain.<br>_____ | _____      | _____     |
| 12. Are you currently taking any medications? Please list.<br>_____   | _____      | _____     |

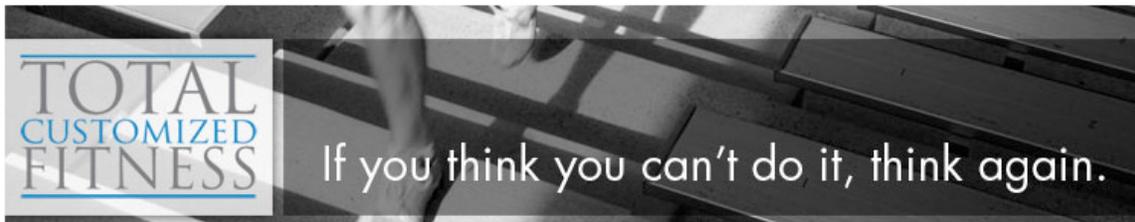
If you have answered yes to one or more of the above questions, consult your physician before engaging in physical activity. Tell your physician which questions you answered “yes” to. After a medical evaluation, seek advice from your physician on what type of activity is suitable for your current condition.



| <b>Additional Questions:</b>   | yes   | no    |
|--|-------|-------|
| 14. What is your current occupation?<br>_____  | _____ | _____ |
| 15. Does your occupation require extended periods of sitting?  | _____ | _____ |
| 15. Does your occupation require extended periods of repetitive movements?<br>If yes, please explain.<br>_____ | _____ | _____ |
| 16. Does your occupation require you to wear shoes with a heel?<br>(dress shoes)                               | _____ | _____ |
| 17. Does your occupation cause you anxiety (mental stress)?  | _____ | _____ |
| 18. Do you partake in any recreational activities (skiing, tennis, golf)<br>Please explain.<br>_____           | _____ | _____ |
| 19. Do you have any hobbies?<br>Please list:<br>_____  | _____ | _____ |
| 20. Do we have permission to photograph or video you<br>for marketing and advertising purposes?                | _____ | _____ |

Signed \_\_\_\_\_

Date \_\_\_\_\_



## **Waiver & Contract**

In consideration of being allowed to participate in the activities and programs of Total Customized Fitness, LLC, in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge Total Customized Fitness, LLC and all others from any and all responsibilities or liability from injuries or damages resulting from my participation in any activities, or my use of equipment in the above mentioned activities. I do also hereby release all of those mentioned, and any others acting upon their behalf, from any responsibility or liability from any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf, or in any way arising out of or connected with my participation in any activities.

I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, are 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 and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.

Cancellations must be made within 24 hours or more of a training session. Total Customized Fitness, LLC will charge for a session that is not rescheduled or cancelled prior to 24 hours of the session.

Signed \_\_\_\_\_ Date \_\_\_\_\_