



www.pursuitfitness.ca

Phone: 250-807-2055

Pursuit Fitness

Name: _____

Phone number: _____

Gender: male__ female__

Birth date: _____

Physician: _____

Emergency Contact: _____

Email address: _____

Physical Health & Lifestyle Questionnaire

Are you taking any medications (prescriptions or non-prescriptions)?

Is your Doctor aware of your intentions to participate in an exercise program?

Has your Doctor ever told you not to exercise?

How many hours of sleep do you get each night?

In general how would you describe your current state of health?

Very Good Good Average Poor Very Poor

Do you have any history of the following?

Heart problem, chest pain or stroke?

Chronic illness or condition?

Recent surgery (last 3 months)?

Pregnancy (now or in the last 3 months)?

Breathing or lung problems? Asthma?

Diabetes or thyroid condition?

Muscle pain or back disorder?

Any previous injury affecting you?

Do you have a seizure disorder? (E.g. epilepsy)

Do you have high blood pressure (hypertension)?

Is your level of cholesterol known to be high?

Do you smoke regularly? If so, how many per day?

Any other health conditions that may affect your physical fitness?

Waiver. This Document is a release of claims and by signing below, you:

- Represent to Pursuit Fitness & Health and Bobbi Kittle that you are in good health and physical condition,
- Assume the risk and release and hold Pursuit Fitness & Health and Bobbi Kittle harmless from any liability of participating in such programs of performing such exercise routines or engaging in such other strenuous physical activity and agree that **PURSUIT FITNESS & HEALTH AND BOBBI KITTLE SHALL NOT HAVE ANY LIABILITY OR RESPONSIBILITY FOR ANY SUCH INJURY OR HARM TO YOU,**

Name: _____

Signature: _____

Witness: _____

Date: _____