



**LEAN ON ME**  
**Fitness**

Commit. Persevere. Succeed

## PERSONAL TRAINING HEALTH ACTIVITY QUESTIONNAIRE

### Personal History:

Yes No

Are you a new client of Lean on Me Fitness:

\_\_\_\_\_  
Last Name First Name Age Birth Date

\_\_\_\_\_  
Address: Street

\_\_\_\_\_  
City State Zip

( ) ( ) ( )  
\_\_\_\_\_  
Home Phone Cell Phone Work Phone

\_\_\_\_\_  
E-mail Address

( )  
\_\_\_\_\_  
Personal Physician Phone Number

( )  
\_\_\_\_\_  
In Case of Emergency Phone Number

## Understanding Your Health and Activity History

This form has been designed to identify adults for whom physical activity might be inappropriate at this time. It is not a substitute for a thorough physical examination, assessment and diagnosis by your physician. Lean on Me Fitness, LLC strongly recommends that each member undergo a medical examination prior to beginning any exercise program. **All information on this form will be held confidential.** Please answer each question accordingly:

**General History:**

**Yes      No**

- **Are you over age 65 and not accustomed to vigorous exercise?**
- Are you accustomed to regular exercise (3x per week or more)?
- Have you had major surgery or have you been hospitalized within the last year?
- Do you have a history of the following conditions:
  - Diabetes
  - Kidney disorder
  - Liver disorder
  - Thyroid disorder
- **Women's Health:** Are you currently pregnant or have you given birth in the last 8 weeks?

**Cardiovascular History:**

**Yes      No**

- **Has your doctor ever said you have heart trouble?**
- Do you have a pacemaker?
- Have you ever had a stroke?
- **Do you ever suffer from pains in your chest?**
- **Do you often feel faint or have spells of severe dizziness?**
- **Has your doctor ever said your blood pressure was high?**
- Do you smoke?
- Have you ever had a resting electrocardiogram (ECG or EKG)?       
  - If yes, were the results normal?
- Do you have a family history of heart disease, including heart attack, stroke, or hypertension?       
  - Relation: \_\_\_\_\_
  - Age: \_\_\_\_\_
  - (If deceased)

- Do you have a history of high cholesterol?  Yes  No

**Pulmonary History:**

- Do you suffer from pulmonary disease such as asthma or emphysema?  Yes  No

**Medication History:**

- Do you currently take any medications or supplements:  
If yes:  Yes  No

Medication/ Supplement	Condition
_____	_____
_____	_____
_____	_____

**Musculoskeletal History:**

- *Has your doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise, or might be made worse with exercise?*  Yes  No

Please specify: \_\_\_\_\_

- Have you ever had any pain or injuries (ankle, knee, hip, back, shoulder, etc.)?  Yes  No

Please specify: \_\_\_\_\_

- Are you currently receiving physical therapy treatment?  Yes  No

Please specify: \_\_\_\_\_

**Other Medical History:**

- *Is there good physical reason not mentioned here why you should not participate in any activity or program if you wanted to?*  Yes  No

Please specify: \_\_\_\_\_

\*If a person answers yes to any italicized question, vigorous exercise or exercise testing should be postponed and medical clearance sought.

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I understand the nature and purpose of the Health and Activity Questionnaire and I am aware that any strenuous physical activity involves risks. Accordingly, I release, discharged, and hold harmless Lean on Me Fitness, LLC from any and all liability arising out of any accident, injury or loss sustained by me as a result of engaged activities, except for accidents, injuries or losses sustained as a result of gross negligence and willful misconduct by Lean on Me Fitness, LLC.

I declare to the best of my knowledge my answers are true, correct and complete.

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Printed Name of **Participant**

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Printed Name of **Reviewer**

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Signature Name of **Participant**

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**Date**

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Signature Name of **Reviewer**

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**Date**