

NBM Fitness Questionnaire

The Natural Body Man's Fitness Questionnaire, fill one out today!

First Name: _____ Last Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Age: _____ DOB: _____ Sex: _____ Height: _____ Weight: _____

Physician's Name: _____ Physician's Number: _____

Emergency Contact: _____ Emergency Contact #: _____

Answer the following YES or NO:

Heart attack, coronary bypass or other coronary surgery? : * _____

Chest discomfort (especially with exertion)? : * _____

High blood pressure? : * _____

Extra, skipped or rapid heartbeats/palpitations? : * _____

Heart murmurs, clicks, or unusual cardiac findings? : * _____

Rheumatic fever? : * _____ Ankle swelling? : * _____

Peripheral vascular disease? : * _____ Phlebitis, emboli? : * _____

Unusual shortness of breath? : * _____ Light headedness or fainting? : * _____

Pulmonary disease (e.g., asthma, emphysema and bronchitis)? : * _____

Abnormal blood lipids (cholesterol, triglycerides)? : * _____ Stroke? : * _____

Recent illness, hospitalization or surgical procedure within the past four months?: * _____

Medications of any kind? (if yes, list all below) : *

Diabetes or other metabolic disorders? : * Are you pregnant now? : *

Is there any reason your physician would object to your dieting? : *

Is there a history of heart disease in your family? : *

Is there any reason your physician would object to your exercising? : *

Please list any other medical issues we should know about.:

All client information is kept strictly confidential and never shared with anyone for any reason

**** WAIVER / RELEASE ****

I, the undersigned, have read, understand, and have answered the above health/medical survey questions fully and truthfully. I have consulted with my personal physician regarding my medical fitness to engage in strenuous exercise and nutritional support program. I am legally bound for myself and waive release of any and all rights and claims for damages as a client of Christopher Carr and Broward County Parks and Recreation Division for any and all injuries and negligence suffered while following the fitness training and/or nutrition program provided to me. In addition, I consent to any photography and DVD/Video broadcasting of myself, while attending The Fun Workout via mass media, internet, DVD or other media not indicated.

Client Name : *

Client Agreement: *

Client Signature:
