

RC Health and Fitness, LLC.
4304 Chester Village Lane
Chester, VA 23831
(804)248-0222

Personal Training Health Screening Questionnaire

Personal Information

Today's date: _____

Title: DR. Mr. Mrs. Ms.

Name: _____

Birth date: _____

Address: _____

Age: _____

Phone: (Home) _____

City: _____

Phone: (Work) _____

Email: _____

Phone: (Cell) _____

Occupation: _____

Gender: Male _____ Female _____ Height: _____ Weight: _____

Person to contact in case of emergency: _____ Tel: _____

Physician's Name: _____ Tel: _____

Medical History

Please indicate if any of these statements apply to you by placing YES in the space provided

(* past or current):

1. History of heart problem (i.e. Chest pain, heart murmur, or stroke) _____

2. Diabetes Mellitus _____

3. Asthma, breathing, or lung problems _____

- 4. Allergies _____
- 5. Cancer (other than skin) _____
- 6. Seizures, seizure medication, neurological problems, dizziness _____
- 7. High blood pressure _____
- 8. Back problems, joint or muscle disorder still affecting you _____
- 9. Recent surgery (last 12 months) _____
- 10. Hernia or any condition that may be aggravated by exercise _____
- 11. Physician's advice not to exercise _____
- 12. History of high cholesterol _____
- 13. Family history of coronary heart disease? _____
- 14. Do you smoke tobacco products _____
- 15. Do you consume alcohol? _____
- 16. Do you take supplements of any kind? _____
- 17. Are you on medication? _____
- 18. Do you have joint problems that might be aggravated by exercise? _____
- 19. Is stress from daily living an issue in your life? _____

Skeletal Injuries

Back _____

Neck _____

Head _____

Knee(R, L) _____

Shoulder(R, L) _____

Other injuries: _____

Surgery: _____

Please describe any special considerations or how your injury currently affects your ability to function: (i.e. Illness or Injury)

Please talk with your doctor by phone or in person before you start any new training program or have a fitness assessment. Tell your doctor about your health questionnaire and which questions you answered yes.

Goals

1. What are your concerns and goals? (example: fat loss, strength, power, muscular endurance, cardio fitness, flexibility, agility, core stability or balance)

2. Why do you want to achieve these goals? (Examples: general health, injury prevention/rehab, sport –specific training, aesthetic reasons)

3. What areas do you want to concentrate on or emphasize? (i.e. specific areas to strengthen, joint stability, cardio or core conditioning)

Fitness History

4. How long has it been since you have exercised regularly? (2 or more times/week).

5. Do you have experience with free weights or functional stability training?

6. What type of cardiovascular exercise are you familiar with?

7. If you are an experienced exerciser or athlete, what exactly is your current program? _____

8. Are there any exercises that are contraindicated or not recommended by your physician or physical therapist? _____

9. How would you describe your level of daily activities? Please check one. Light (office work)___ Moderate(Manual labor)___ Heavy (construction)___

10. Stress (high=5, low=1) please circle one.

Physical 1 2 3 4 5 Personal/ Emotional 1 2 3 4 5 Mental/Career 1 2 3 4 5

11. Present method of handling stress:

12. Number of hours of sleep per night? _____

13. What is your available time and frequency for exercise?

What days: M T W TH F

What times: AM _____ PM _____

14. Any special considerations or requests?

Personal Training Agreement

Informed Consent & Assumption of Risk (Must be signed prior to beginning personal training sessions)

I, the undersigned, being aware of my own health and physical condition, and having knowledge that my participation in RC Health and Fitness, LLC's Personal Training Program may cause injury, am voluntarily choosing to participate in the program. There are always certain risks associated with any physical activity. I understand these risks and declare myself physically sound and capable to participate in the program offered through RC Health and Fitness, LLC. The Personal Training Program is a program designed to guide me, safely and effectively, through an appropriate individualized fitness/exercise regime based on my initial fitness assessment and goal assessment. Following the completion of a health history form and possibly a doctor's note and an initial consultation, I will be given an individual exercise program that focuses on increasing fitness to prepare me for normal activities of daily living. I realize that I have the option to discontinue any activity upon my own discretion. I also realize that all information obtained about myself through this program will be kept in strict confidence within the Personal Training Program. In making this activity available for your participation, RC Health and Fitness, LLC assumes no responsibility for injury. The responsibility is assumed entirely by the participant. Participants should have adequate personal insurance coverage.

WAIVER AND INDEMNITY

In consideration of services or property provided, I, for myself, my heirs, personal representatives and assigns, do hereby release, waive, discharge and covenant not to sue RC Health and Fitness, LLC and their respective board members, trustees, faculty, instructors, advisors, employees, affiliates, members, volunteers, staff, heirs, assigns, and representatives, (collectively, the "Releases") from any and all claims including, not by way of limitation, any claims arising from negligence of Releases or any of them resulting in personal injury, accidents or illnesses (including death) and/or property loss arising from or relating in any way to participation in the Activity, the use of facilities in connection with the Activity, and/or travel before, during or after the Activity.

I agree to indemnify and hold harmless Releases from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees, and to reimburse Releases for any such expense incurred in connection with or as a result of (1)(a) Participant's participation in the Activity or (b) travel associated with the Activity or (2) arising in connection with or as a result of any attempt by anyone, including, not by way of limitation, Participation or anyone claiming on Participant's behalf, to avoid the terms of this document which I freely sign.

I have read this document in its entirety, fully understand its terms, and understand that I am giving up substantial rights – including my right to sue. I know, understand and appreciate these and other risks that are inherent in the Activity. I expressly agree and assert that participation in the Activity is voluntary and I knowingly assume all such risks and elect to proceed with the participation despite all the risks. I acknowledge that I am signing this document freely and voluntarily and intend, by my signature, the complete and unconditional release of all liability to the greatest extent allowed by law.

"Having such knowledge, I do hereby release RC Health and Fitness, LLC.'s, employees of all liability related to injuries or accidents to myself which may occur as a result of participation in the Personal Training Program. I hereby assume all risks connected therewith and consent to participate in the Personal Training Program."

Personal Training Policies and Procedures

1. Session or package of sessions are non-refundable and non-transferable
2. Session or sessions must be paid in full and will be scheduled with the participating Personal Trainer
3. Clients must give 24 hours advanced notice of cancellation. Less than 24 hours or a no-show will result in a charged to the session or package.
4. Health Screening / Medical History Questionnaire, and Personal Information forms have been filled out honestly and to the best of my ability.

Print Name _____

Signature _____ Date _____