

Name:

1. Have you ever been diagnosed with any of the following medical conditions? (check all that apply)

Heart disease or high blood pressure

Asthma or other respiratory conditions

Epilepsy or seizures

Diabetes

Joint or bone problems

Other medical conditions

2. Have you ever had a serious injury or surgery? If so, please describe:

3. Are you currently taking any medications? If so, please list them:

4. Do you have any allergies? If so, please list them:

5. Have you ever passed out or lost consciousness during exercise? If so, please describe:

6. Have you ever experienced chest pain, shortness of breath, or dizziness during exercise? If so, please describe:

7. Do you smoke or use tobacco products?

8. How frequently do you engage in physical activity?

9. Have you ever been advised by a doctor not to participate in physical activity? If so, please describe:

10. Emergency contact details:

Name:

Relationship to you:

Phone number:

Any other relevant information:

Please note that this questionnaire is not a substitute for medical advice, and anyone with concerns about their health should consult with a healthcare professional before engaging in physical activity. In case of an emergency, we will use the information provided to contact your designated emergency contact.