Fitness Evaluation

Revised 6/2019

Name________________________________ Sex___________ Age____________ Date of Birth______/______/_______

Exercise History:

What type of strength training do you participate in, if any? ____

How many days per week do you participate in strength training? _____________ How long? ____________________

What type of cardiovascular training do you participate in? ____

How many days per week do you participate in cardiovascular training? _______________How long? _____________

Other ____

Exercise Goals:

_____ Lose Weight _____ Aerobic Fitness _____ Lower Cholesterol _____ Injury Rehab

_____ Feel Better _____ Reduce Pain _____ Stop Smoking _____ Sports Specific

_____ Improve Flexibility _____ Reduce Back Pain _____ Look Better _____ Muscular Strength

_____ Improve Balance _____ Reduce Stress _____ Improve Diet _____ Muscular Size

Health History:

Do you have any ongoing or chronic illness (Yes or no)? _________ If yes, please list: ___________________________

Are you currently taking any prescription or nonprescription (over-the-counter) medications, pills, or using an inhaler (Yes or No)? __________ If yes, please list: ____

Have you ever had high blood pressure or high cholesterol (Yes or No)? _____________________________________

Have you ever had a head injury, concussion, seizure, or epilepsy (Yes or No)? _______________________________

Have you experienced any recent surgeries within the last 12 months (Yes or No)? ________ If yes, please list:
____

Have you had any problems with pain or swelling in muscles, tendons, bones, or joints (Yes or No)? _______________

***If yes, please check the appropriate line(s) below:**

_____ Head _____ Shoulder _____ Wrist _____ Thigh

_____ Neck _____ Upper Arm _____ Hand _____ Knee

_____ Back _____ Elbow _____ Finger _____ Shin/Calf

_____ Chest _____ Forearm _____ Hip _____ Ankle

Females Only

Are you currently pregnant (Yes or No)? _________________

Have you recently given birth within the last year (Yes or No)? _______________

Personal Training Terms & Conditions

Personal training sessions not rescheduled or canceled 24 hours in advance will result in forfeiture of the session and a loss of the financial investment at the rate of one session. Clients arriving late will receive the remaining scheduled session time, unless prior arrangements have been made with the trainer. The expiration policy requires completion of all personal training sessions within 365 days from the date of purchase. Personal training sessions are void after this time period. No personal training refunds will be issued for any reason, including but not limited to relocation, illness, and unused sessions.

By signing below, you have read and agree to the terms and policies of the USD Personal Training Program.

______________________________	______________________________	______/______/______
Print Name	**Sign Name**	**Date**