



MEDICAL INFORMATION

If you answer yes to any of the following, please explain as clearly as possible.

- Yes No Do you suffer from back pain?
- Yes No Are you sensitive to touch/pressure in any area?
- Yes No Do you have tension or soreness in a specific area?
- Yes No Do you have numbness or stabbing pain?
- Yes No Do you experience frequent headaches?
- Yes No Are you pregnant?
- Yes No Are you diabetic?
- Yes No Do you have high blood pressure?
- Yes No Do you have high cholesterol?
- Yes No Are you epileptic?
- Yes No Have you ever had surgery?
- Yes No Have you ever broke bones or strained ligaments?
- Yes No Do you experience swollen, stiff, or painful joints?
- Yes No Do you have difficulty sleeping?
- Yes No Do you experience fatigue or energy fluctuations?
- Yes No Has a doctor ever diagnosed you with a cardiovascular disorder?

- Yes No Do you have a family history of heart trouble?
- Yes No Do you have asthma?
- Yes No Have you been diagnosed anemic?
- Yes No Do you have osteoporosis?
- Yes No Do you have any other medical conditions not mentioned above? Explain:

Date of last physical _____

Please list any medications you are taking:

[go on to next page]



WAIVER

I, the undersigned, have read, understood, and have answered the above general/medical survey questions fully and truthfully. I am aware of my responsibility to consult with my personal physician regarding my medical fitness to engage in exercise. I do hereby intend to be legally bound for myself and waive release of any and all rights and claims for damages I may have against Buff Mama Personal Training and Dawn M. Quiocho.

Client Signature

Date

Signature of Parent or Legal Guardian if not 18 Date

Witness