



PERSONAL FITNESS ASSESSMENT

LAST NAME	FIRST NAME	AGE	SEX	BIRTH DATE
ADDRESS	APT.#	CITY	STATE	ZIP CODE
HOME PHONE	BUSINESS PHONE	E-MAIL ADDRESS	HEIGHT	WEIGHT

If employed, would you classify your work duties as being SEDENTARY, ACTIVE, or STRENUOUS in nature? (Please circle one)

Is this your first boot camp? _____
 - If 'NO' then when was the last boot camp you attended? _____
 How did you find out about the Active Bodies fitness boot camp? _____
 What are your goals for the next three months? _____

MEDICAL HISTORY

<i>Do you now, or have you had in the past:</i>	YES	NO
1. History of heart problems, chest pain or stroke?	<input type="checkbox"/>	<input type="checkbox"/>
2. Increased blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
3. Any chronic illness or condition?	<input type="checkbox"/>	<input type="checkbox"/>
4. Difficulty with physical exercise?	<input type="checkbox"/>	<input type="checkbox"/>
5. Advice from physician not to exercise?	<input type="checkbox"/>	<input type="checkbox"/>
6. Recent surgery (last 12 months)?	<input type="checkbox"/>	<input type="checkbox"/>
7. Pregnancy (now or within 3 months)?	<input type="checkbox"/>	<input type="checkbox"/>
8. History of breathing or lung problems?	<input type="checkbox"/>	<input type="checkbox"/>
9. Muscle, joint or back disorder, or any previous injury still affecting you?	<input type="checkbox"/>	<input type="checkbox"/>
10. Diabetes or thyroid condition?	<input type="checkbox"/>	<input type="checkbox"/>
11. Cigarette smoking habit?	<input type="checkbox"/>	<input type="checkbox"/>
12. Obesity (more than 20 per cent over ideal body weight)?	<input type="checkbox"/>	<input type="checkbox"/>
13. Increased blood cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>
14. History of heart problems in immediate family?	<input type="checkbox"/>	<input type="checkbox"/>

Please explain any 'YES' answers below, as well as, any other conditions we should be aware of.

I certify that all of the above information is true to the best of my knowledge, and understand the potential health risks attributed to any false answers.

Client's Signature: _____ **Date:** _____

Active Bodies, Personal Fitness & Nutrition Specialists
 1337 S. Gilbert Rd #124, Mesa 85204
 Phone: 480-926-8989 Email: ejames@ActiveBodies.net