



Medical/Health Status Questionnaire

On this questionnaire, a number of questions regarding your physical health are to be answered. Please answer every question as accurately as possible so that a correct assessment can be made. Please place a check in the space to the left of the question to answer "Yes." Leave blank if your answer is "No." Please ask if you have any questions. Your responses will be treated in a confidential manner.

Today's Date: ____ / ____ / ____ Your Name: _____

Medical Screening (please check those below where the answer is "yes")

- Do you have any personal history of heart disease (coronary or atherosclerotic disease)?
- Any personal history of diabetes or other metabolic disease (thyroid,renal,liver)?
- Any personal history of pulmonary disease, asthma, interstitial lung disease or cystic fibrosis?
- Have you experienced pain or discomfort in your chest apparently due to blood flow deficiency?
- Any unaccustomed shortness of breath (perhaps during light exercise)?
- Have you had any problems with dizziness or fainting?
- Do you have difficulty breathing while standing or sudden breathing problems at night?
- Have you experienced a rapid throbbing or fluttering of the heart?
- Do you suffer from ankle edema (swelling of the ankles)?
- Have you experienced severe pain in leg muscles during walking?
- Do you have a known heart murmur?
- Has your serum cholesterol been measured at greater than 200 mg/dl?
- Are you a cigarette smoker?
- Has your HDL (the "good" cholesterol) been measured at greater than 60 mg/dl?
- Would you characterise your lifestyle as "sedentary"?
- Have you had a high fasting blood glucose level on 2 or more occasions (≥ 110 mg/dl)?
- Are you 20% or more overweight or have you been told your "BMI" was greater than 30?
- Have you been assessed as hypertensive on at least 2 occasions (systolic > 140 mmHg or diastolic > 90 mmHg)?
- Do you have any family history of cardiac or pulmonary disease prior to age 55?

Medical History - Detail

Are you currently being treated for high blood pressure?

If you know your average blood pressure, please enter: _____ / _____

Please check all conditions or diagnoses that apply:

- | | | |
|--|---|---|
| <input type="checkbox"/> Abnormal EKG? | <input type="checkbox"/> Limited Range of Motion? | <input type="checkbox"/> Stroke? |
| <input type="checkbox"/> Abnormal Chest X-Ray? | <input type="checkbox"/> Arthritis? | <input type="checkbox"/> Do You Suffer from Epilepsy or Seizures? |
| <input type="checkbox"/> Rheumatic Fever? | <input type="checkbox"/> Bursitis? | <input type="checkbox"/> Chronic Headaches or Migraines? |
| <input type="checkbox"/> Low Blood Pressure? | <input type="checkbox"/> Swollen or Painful Joints? | <input type="checkbox"/> Persistent Fatigue? |
| <input type="checkbox"/> Asthma? | <input type="checkbox"/> Foot Problems? | <input type="checkbox"/> Stomach Problems? |
| <input type="checkbox"/> Bronchitis? | <input type="checkbox"/> Knee Problems? | <input type="checkbox"/> Hernia? |
| <input type="checkbox"/> Emphysema? | <input type="checkbox"/> Back Problems? | <input type="checkbox"/> Anemia? |
| <input type="checkbox"/> Other Lung Problems? | <input type="checkbox"/> Shoulder Problems? | <input type="checkbox"/> Are You Pregnant? |
| | <input type="checkbox"/> Recently Broken Bones? | |

Has a doctor imposed any activity restrictions? If so, please describe:

Family History

Have your mother, father, or siblings suffered from (please select all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Heart attack or surgery prior to age 55. | <input type="checkbox"/> High cholesterol |
| <input type="checkbox"/> Stroke prior to age 50. | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Congenital heart disease or left ventricular hypertrophy. | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Leukemia or cancer prior to age 60. | <input type="checkbox"/> Osteoporosis |

Medications

Please Select Any Medications You Are Currently Using:

<input type="checkbox"/> Diuretics	<input type="checkbox"/> Other Cardiovascular
<input type="checkbox"/> Beta Blockers	<input type="checkbox"/> NSAIDS/Anti-inflammatories (Motrin, Advil)
<input type="checkbox"/> Vasodilators	<input type="checkbox"/> Cholesterol
<input type="checkbox"/> Alpha Blockers	<input type="checkbox"/> Diabetes/Insulin
<input type="checkbox"/> Calcium Channel Blockers	<input type="checkbox"/> Other Drugs (record below).

Please list the specific medications that you currently take:

Lifestyle

Are you a cigarette smoker? If so, how many per day? _____

Previously a cigarette smoker? If so, when did you quit? _____

How many years have you smoked or did you smoke before quitting? _____

Do you/did you smoke (check all that apply): Cigarettes Cigars Pipe

Please Rate Your Daily Stress Levels (select one):

- Low Moderate High but I enjoy the challenge High: sometimes difficult to handle High: often difficult to handle.

Do you drink alcoholic beverages? yes no

How many units of alcohol do you consume per week: _____
(see Alcohol Units Chart)

½ pint of beer	
1 glass of wine	
1 pub measure of spirits (Gin, Vodka etc.)	
1 can of beer	
1 bottle of strong lager	
1 can of strong lager	
1 bottle of wine	
1 litre bottle of wine	
1 bottle of fortified wine (port, sherry etc.)	
1 bottle of spirits	

Dietary Habits. Please Select All That Apply.

- | | |
|--|--|
| <input type="checkbox"/> I seldom consume red or high-fat meats. | <input type="checkbox"/> I eat at least 5 servings of fruits/vegetables per day. |
| <input type="checkbox"/> I pursue a low-fat diet. | <input type="checkbox"/> I almost always eat a full, healthy breakfast. |
| <input type="checkbox"/> My diet includes many high-fiber foods. | <input type="checkbox"/> I rarely eat high-sugar or high-fat desserts. |

Other

Please Indicate Any Other Medical Conditions or Activity Restrictions That You May Have. It is important that this information be as accurate and complete as possible

Is any of this information critical to understanding your readiness for exercise? Are there any other restrictions on activity that we should know about?

Thank you for taking the time to complete this questionnaire!

24 Hour Cancellation Policy

My Workout Buddy LLC asks for a 24-hour notice for either rescheduling or cancelations. Failure to give a minimum 24-hour notice will cost the session you were going to use.

Life happens and I do understand that. In each package, you get one freebie cancelation (no penalty). After that, you will be charged for the session.

I send out a confirmation text, as a courtesy, the day before your workout. Keep in mind, this confirmation notice may be within the 24-hour penalty window. Please be mindful of your upcoming workouts and cancel/reschedule before the 24 hours is up.

Your sessions are non-refundable.

Please sign below to indicate you are aware that your sessions are non-refundable and not transferable unless otherwise specified.

SIGNATURE

DATE

Waiver and Release of Liability and Assumption of Risk

Recitals

- My Workout Buddy LLC is a personal training service provider.
- I, _____, have requested My Workout Buddy LLC to conduct personal fitness training.
- My Workout Buddy LLC or I will provide equipment to be used in connection with our workouts. Details of equipment below.

For and in consideration of the foregoing premises and for the express contention of carrying out the purposes of a personalized fitness training program, the parties do hereby agree as follows:

Acknowledgement of Purchase

I, _____, through the purchase of training sessions, have agreed to participate voluntarily in a program of physical exercise, including, but not limited to, strength training, flexibility development, and aerobic exercise ("Activities"), under the guidance of American Council on Exercise Certified Personal Trainer My Workout Buddy LLC, its authorized agents, employees, and contractors ("Trainer").

Initials _____

Acknowledgement of Health

I declare myself physically and mentally sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in training sessions or my use of Equipment (as defined below). I acknowledge I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of Equipment. I recognize it is my sole responsibility to obtain an examination by a physician prior to involvement in any exercise program. I acknowledge I have either had a physical examination and been given my physician's permission to participate, or if I have chosen not to obtain a physician's permission prior to beginning this exercise program with Trainer, I acknowledge I am doing so at my own risk.

Initials _____

Equipment

Trainer will provide the equipment or machinery to be used in connection with workouts, including, but not limited to, benches, dumbbells, barbells, and similar items ("Equipment"). I

represent and warrant any and all Equipment I provide for training sessions ("My Equipment") is for personal use only. Trainer has not inspected my Equipment and has no knowledge of its condition. I understand I take sole responsibility for My Equipment. I acknowledge that although Trainer takes precautions to maintain the Equipment provided by Trainer ("Her Equipment"), Her Equipment and/or My Equipment ("Her or My Equipment") may malfunction and/or cause Injuries and Changes (as defined below) and that I take sole responsibility to inspect any and all of His or My Equipment. Furthermore, I take sole responsibility for any Injuries or Changes Trainer sustains while using My Equipment to demonstrate an Activity, or otherwise, and agree to indemnify him for any and all medical expenses and lost wages related to his use of My Equipment.

Initials _____

Assumption of Risk

I understand and am aware that Activities, including the use of Equipment, are potentially hazardous activities. I acknowledge the possibility that injuries and physical and mental changes ("Injuries and Changes") arising during and/or resulting from engaging in Activities does exist. Injuries and Changes include, but are not limited to, abnormal blood pressure, fainting, disorders in heartbeat, heart attack, and, in some instances, death. I understand Injuries and Changes could result in my becoming partially or totally disabled and incapable of performing any gainful employment or having a normal social life.

I am voluntarily participating in Activities and using Equipment with knowledge of the dangers involved. I understand and take sole responsibility for any and all Injuries and Changes that may occur to myself and/or others, including but not limited to Trainer, related to any and all Activities associated with Trainer's instruction, even if not specifically set forth in this document, whether or not they fall within the scope of reasonably foreseeable injuries related to such Activities, and whether or not undertaken in Trainer's presence. Although Trainer will take precautions to ensure my safety, I expressly assume and accept sole responsibility for my safety and for any and all Injuries and Changes that may occur.

Initials _____

Waiver and Release of Liability

In consideration of Trainer's agreement to instruct, assist, and train me, I hereby agree to hold harmless Trainer, its respective representatives, executors, agents, and assigns from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected to my participation in any and all Activities, use of Equipment, or any and all acts or omissions, including negligence by Trainer and his representatives. This waiver and release of liability includes, but is not limited to, (a) Injuries and Changes to myself and/or others, including but not limited to Trainer, that may occur as a result of (i) Equipment that may malfunction or break; (ii) any and all defects, latent or apparent, in the

design or condition of Equipment; (iii) any and all slips, falls, or dropping of Equipment; (iv) any and all improper maintenance of Equipment or facilities; (v) any hazardous condition that may exist on the premises, including, but not limited to, the specific workout area; and (vi) Trainer's negligent instruction or supervision; (b) damage to property, including but not limited to, Equipment and the premises.

Initials _____

Conclusion

I acknowledge and agree no warranties or representations have been made to me regarding the results I will achieve from this program. I understand results are individual and may vary.

I acknowledge I have thoroughly read this waiver and release and fully understand it is a waiver and release of liability. By signing this document, I am waiving any right I, or my heirs and/or assigns, may have to bring any and all legal actions or assert any and all claims against Trainer, its respective representatives, executors, and/or assigns.

I represent and warrant I am signing this agreement freely and willfully and not under fraud or duress. I further represent and warrant no social relationship exists between Trainer and me, or if such a social relationship exists, for purposes of my training sessions, Trainer and I have assumed a strict business relationship, and I understand any social relationship does not render this waiver invalid. These exculpatory clauses are intended to apply to any and all activities occurring during the time for which I have contracted with Trainer.

Initials _____

Participant's name (please print clearly)

Participant's signature

Parent/guardian signature (if applicable)

Trainer's signature

Date: _____

Date: _____

Date: _____

Consent to Disclose

I, _____, give my medical professional,
_____ consent to disclose my personal and
health information to Kristy Wegert CPT and Owner of My
Workout Buddy LLC. I also give permission to Kristy Wegert CPT
and Owner of My Workout Buddy LLC to disclose my personal and
health information to my medical professional,
_____.

Signature

Date