

For Office Use :

Birthday \_\_\_\_\_  
Email \_\_\_\_\_  
Cons. Contact \_\_\_\_\_  
Thank you \_\_\_\_\_  
MD sent \_\_\_\_\_

## MEDICAL QUESTIONNAIRE

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ E-mail \_\_\_\_\_

Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Person to Call in Case of Emergency \_\_\_\_\_ Telephone \_\_\_\_\_

Physician's Name \_\_\_\_\_ Telephone \_\_\_\_\_

Physician's Address \_\_\_\_\_

1. Do you have or are you being treated for:

High Blood Pressure	High Cholesterol	Diabetes
Heart Murmur	Abnormal EKG	Chest Pains

2. Do you smoke? \_\_\_\_\_ yes \_\_\_\_\_ no If yes, how many packs per day? \_\_\_\_\_

If former smoker, when did you quit? \_\_\_\_\_

3. Are you pregnant? \_\_\_\_\_ yes \_\_\_\_\_ no

4. Have you had any of the following during physical exertion?

Chest pain	Palpitations or rapid heart beats
Dizziness	Shortness of breath/difficulty breathing

5. Have members of your immediate family (grandparents, parents, brothers or sisters) had heart disease (i.e. heart attack, angina or by-pass surgery) prior to age 55?

\_\_\_\_\_ yes \_\_\_\_\_ no

If yes, please list family member, age, and diagnosis \_\_\_\_\_

6. Has a doctor ever told you that you have bone, joint, feet or back problems? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, please list \_\_\_\_\_

7. Are you taking any medications regularly? If yes, please list:

\_\_\_\_\_

8. Do you have any other medical history or special considerations we should be aware of when designing or supervising your exercise program? \_\_\_\_\_

**PLEASE SIGN THE BACK OF THIS FORM**

## AGREEMENT AND RELEASE OF LIABILITY

1. In consideration of being allowed to participate in the activities, events and programs of PAMBBB, LLC and to make use of the facility, its equipment and services in addition to the payment of any fee or charge, I do hereby waive, release, discharge, and covenant not to sue PAMBBB, LLC and its agents, employees, representatives, executors, members, and all others acting on their behalf, hereinafter referred to as “releasees”, from any and all claims or liabilities for injuries or damages to my person and/or property, including those caused by the negligent act or omission of any of the releasees or otherwise, arising out of or connected with my participation in any activities, programs or services of PAMBBB, LLC or the use of any equipment at various sites, including home, and out of doors, provided by and/or recommended by PAMBBB, LLC.

2. I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death, and that I am voluntarily participating in these activities using equipment and machinery with knowledge of the dangers involved. I hereby expressly assume all of the delineated risks of injury, all other possible risks of injury and even the risk of death which could occur by reason of my participation in any of the assessments, activities or program s or in the use of equipment in any or all settings. I agree to allow a trainer to physically adjust my body for the purpose of improving my form.

3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation or use of equipment or machinery in any of the activities and programs provided by PAMBBB, LLC except as hereinafter stated. I do hereby acknowledge that 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 exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise and use of exercise and training equipment so that I might have his/her recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and been given my physicians permission to participate, or that I have decided to participate in activity and use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

\_\_\_\_\_  
Participant (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signed in the presence of (print)

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Signed in the presence of (signature)