

Round 4 Boxing

Fit 2 Fab Lifestyle

Personal Training and/or Group Fitness

HEALTH HISTORY FORM

NAME: _____ DOB: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

PERSONAL PHYSICIAN: _____

PHYSICIAN PHONE NUMBER: _____

REFERRED BY: _____

PAR-Q – PHYSICAL READINESS QUESTIONNAIRE

Has your doctor ever said that you have a Heart condition and that you should only do physical activity as recommended by a doctor? YES or NO

Explain: _____

Do you feel pain in your chest when you do physical activity? YES or NO

Explain: _____

In the past month have you had chest pain when you are not doing physical activities? YES or NO

Explain: _____

Do you lose your balance because of Dizziness or do you ever lose Consciousness? YES or NO

Explain: _____

Do you have Bone or Joint problems that could be made worse by physical activity? YES or NO

Explain: _____

Is your doctor currently prescribing drugs for Blood Pressure or Heart condition? YES or NO

Explain: _____

If you answered YES to any of the above, you must receive clearance from your physician prior to beginning a Round 4 Boxing exercise program.

Injuries, Surgeries or Limitations: _____

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MEDICAL HISTORY

Has your doctor or health professional ever told you that you have any of the following conditions?

Heart Disease	YES or	NO
High Blood Pressure	YES or	NO
High Cholesterol	YES or	NO
Obesity	YES or	NO
Lack of Physical Activity	YES or	NO
Diabetes	YES or	NO
Impaired Fasting Glucose	YES or	NO

Explain: _____

Do you have any of the following?

Back Pain	YES or	NO
Joint, Tendon or Muscle Pain	YES or	NO
Lung Disease (asthma, etc...)	YES or	NO

Explain: _____

Limitations: _____

Are you currently taking any of the following medications?

Blood Pressure Medication	YES or	NO
Cholesterol Medication	YES or	NO
Blood Sugar Medication	YES or	NO
Heart Medication	YES or	NO

OTHER

Please List: _____

Which best describes your current smoking status?

_____ I have NEVER smoked or QUIT more than 6 months ago

_____ I CURRENTLY smoke or have quit less than 6 months ago

How would you rate your overall state of Health?

_____ POOR

_____ FAIR

_____ GOOD

_____ EXCELLENT

WHY? _____

I acknowledge that I have read this form and voluntarily consent to participate in the exercise program set forth by Round 4 Boxing. I have consulted with my physician prior to entering into this agreement regarding my ability to participate in a Round 4 Boxing exercise program.

Signature of participant: _____

Date: _____

Round 4 Boxing

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