

FITNESS STATUS

Trainer

PART I. Personal Information

Name

Date

Address

Primary Phone #

Email

Secondary Phone#

Personal Physician

Physician phone #

Date of Birth

Age

Age you feel

Date of Last Physical

Employer

Emergency contact

Phone #

PART II. Fitness Information

What type of duties do you perform at work?

Have you had any injuries related to physical activity? YES / NO

IF YES please list _____

Do you suffer from any chronic pain? YES / NO

IF YES please list _____

Have you ever participated in resistance training before? YES / NO

If YES, Did you receive any instruction? YES / NO

Are you currently involved in an exercise regimen? YES / NO

IF YES, please list forms of exercise _____

IF NO, when were you last exercising routinely? _____

How many days per week do you accumulate 30 minutes of moderate activity?

0 1 2 3 4 5 6 7 days per week

How many days per week do you accumulate at least 20 minute of vigorous activity (i.e. continuous heavy lifting or sprinting)?

0 1 2 3 4 5 6 7 days per week

PART III. Psychological

I can succeed in achieving my goals

Disagree 1 2 3 4 5 6 7 8 9 10 *Agree*

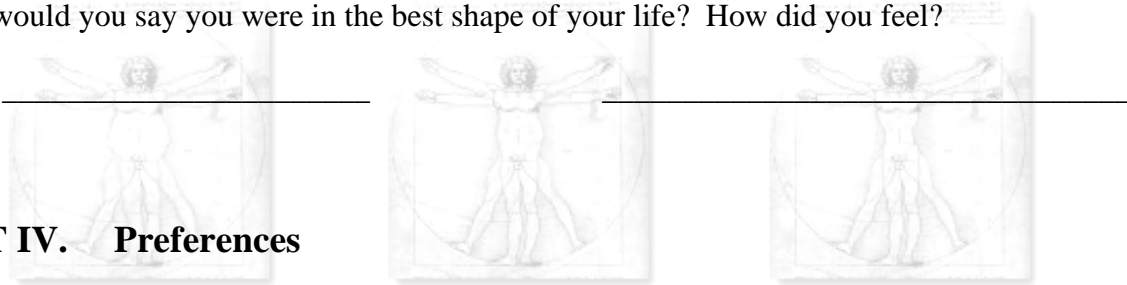
I enjoy exercising

Not very 1 2 3 4 5 6 7 8 9 10 *extremely*

If I could rate my physical fitness on a scale of (1-10) I would rate it

Horrible 1 2 3 4 5 6 7 8 9 10 *Great*

When would you say you were in the best shape of your life? How did you feel?



PART IV. Preferences

Would you like to participate in maximal Exercise Testing? YES / NO

If YES please list _____

Do you have any fitness related goals (i.e. increase 10K time, bench press, etc.)? YES / NO

IF YES please list _____
