

# FITNESS PROGRAM QUESTIONNAIRE

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

BADGE#: \_\_\_\_\_

DEPT. #: \_\_\_\_\_

1. FITNESS GOALS:

2. EXERCISE EXPERIENCE/BACKGROUND:

3. LAST TIME EXERCISED ON A CONSISTENT BASIS:

4. PAST INJURIES:

5. PAST SURGERIES:

6. DO YOU HAVE HIGH BLOOD PRESSURE OR DIABETES?

7. LIST ANY MEDICATIONS YOU ARE CURRENTLY TAKING, AND FOR WHAT CONDITION:

8. OTHER HEALTH ISSUES OR SPECIFIC NEEDS THAT WOULD AFFECT YOUR WORKOUT PLAN:

9. AGE, HEIGHT, & WEIGHT/MALE OR FEMALE:

10. DAY/TIMES/LENGTH OF TIME A WEEK YOU ARE PLANNING TO EXERCISE: