

9. **Please list any medical problems or illnesses you have or have ever had.**

10. **Please describe your exercise regime.**

11. **If you have had children, please list their dates of birth.**

12. **If your physical exercise had ever been restricted, please explain.**

13. **Has you been released to exercise by your physician?** Yes No

14. **Please circle any that apply to you**

high blood pressure	high cholesterol	smoker	diabetes	arthritis
difficulty with exercise	eating disorder	seizures	chronic illness	lung problems
heart problems/abn EKG	trying to get pregnant	pregnant	detached retina	glaucoma

15. **Trainer notes:**

Health intake form taken by: _____
Name (please write neatly)