

## PHYSICAL HEALTH & INFORMATION QUESTIONNAIRE

(All information received on this form will be treated as confidential. Please fill out this questionnaire completely and accurately. This information is essential in the emergency situations and in accessing your fitness for THE ZOO Training Program.)

*(PLEASE PRINT CLEARLY ALL INFORMATION BELOW)*

### MEMBER'S INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

Postal Code

Phone: \_\_\_\_\_ (HOME) \_\_\_\_\_ [CELL]

Email address: \_\_\_\_\_ @ \_\_\_\_\_

### PARENT OR LEGAL GUARDIAN INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

Postal Code

Phone: \_\_\_\_\_ (HOME) \_\_\_\_\_ [CELL]

Email address: \_\_\_\_\_ @ \_\_\_\_\_

### PRIMARY PHYSICIAN'S INFORMATION

Physician's Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

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

Street

City

Postal Code

How did you hear about us? Please circle all that apply.

Brochure Flyer      Word of Mouth      Other \_\_\_\_\_

### HEALTH & FITNESS INFORMATION

*(Please circle **YES** or **NO** and complete the following to the best of your knowledge)*

- 1) Has your doctor ever said that you have a heart condition and recommended only medically supervised physical activity? **YES / NO**
- 2) Do you frequently have pains in your chest when you perform physical activity? **YES / NO**
- 3) Have you had chest pain when you were not doing physical activity? **YES / NO**
- 4) Do you lose your balance due to dizziness or do you ever lose consciousness? **YES / NO**
- 5) Do you have a bone, joint or any other health problem that causes you pain or limitations that must be addressed when developing an exercise program (i.e. diabetes, osteoporosis, high blood pressure, high cholesterol, arthritis, anorexia, bulimia, anemia, epilepsy, respiratory ailments, back problems, etc.)? **YES / NO**

- 6) Are you pregnant now or have given birth within the last 6 months? **YES / NO / NA**
- 7) Please list any and all surgical procedures you have undergone: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 8) Do you take any medications, either prescription or non-prescription on a regular basis?  
**YES / NO**  
 a. If YES, please list any and all medications and the purpose of said medication.  
 \_\_\_\_\_  
 \_\_\_\_\_
- 9) Does this medication affect your ability to exercise in any way? **YES / NO**  
 a. If YES, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 10) Do you have any orthopedic problems or injuries (joint, ligament, tendon, bone, or muscle)?  
**YES / NO**  
 a. If yes, be specific and include any exercises or movements that cause pain or irritation.\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 11) Has a physician ever said you should restrict your physical activity? **YES / NO**  
 a. If YES, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 12) Please list any other medical conditions and/or restrictions that would keep you from performing any and all training at THE ZOO: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

BY EXECUTING BELOW, the undersigned has completed the above mentioned questionnaire to the best of their knowledge. The undersigned herein understands that the purpose of this questionnaire is for training assessment and informational purposes only and will be kept confidential. This questionnaire does not in any way create a duty to THE ZOO (Zoolander Properties, LLC), its employees, agents, volunteers, trainers, heirs, representatives, or the like. This document is hereby incorporated by reference with "THE ZOO MEMBERSHIP & WAIVER OF LIABILITY AGREEMENT" along with any and all liability waivers therein.

\_\_\_\_\_  
 SIGNATURE OF PARTICIPANT

\_\_\_\_\_  
 SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
 PRINTED NAME OF PARTICIPANT

\_\_\_\_\_  
 PRINTED NAME OF PARENT OR GUARDIAN

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 DATE