

Please list below any **Medications** or Vitamins/Supplements that you are currently taking.

Do you have any **Allergies**? If so, please list below.

PART II - EXERCISE HISTORY & GOALS

1. Are you currently involved in an exercise program? Yes ___ No ___
If yes, what type of exercise and how often: _____
2. What are your goals for your exercise program? _____

NAME: _____ **DATE:** _____

SIGNATURE: _____ **WITNESS:** _____

IF YOU ANSWERED YES TO ONE OR MORE OF THE QUESTIONS IN PART 1:

It is highly recommended that you consult with your physician prior to beginning a fitness program. If you do not consult with a physician prior to initiating a fitness evaluation or program, you agree that you, your heirs, executors, administrators, assignees and personal representatives, release and forever discharge St. Luke's University Health Network, and each of its subsidiaries and affiliates and their employees, agents, officers, directors and trustees, individually and collectively, from and against any liability, claims, damages, suits, fees, or expenses, including claims for death, personal injury and/or property loss, that you may have arising out of or resulting from your participation in a fitness program at St. Luke's Fitness & Sports Performance Centers.

Signature: _____

IF YOU ANSWERED NO TO ALL QUESTIONS IN PART 1:

You can be reasonably sure that you can start a fitness program – begin slowly and progress gradually. Take part in a fitness assessment to determine your baseline fitness level and enable the St Luke's Fitness & Sports Performance Staff to design and implement a personalized fitness program for you. Delay initiating a fitness program if: 1) you are not feeling well because of a temporary illness (cold, flu, fever, etc.), or 2) you have had a change in health status (ex. pregnancy, injury, health condition, etc.) – talk to your doctor before becoming more active.

PLEASE NOTE: If your health changes so that you then answer **YES** to any of the above questions, see a physician and notify us. It is recommended that you not continue your fitness program unless you complete this form again. I assume all risks of my involvement in a fitness program at St. Luke's Fitness & Sports Performance Centers. I have read, understood, and completed this questionnaire accurately and honestly.

Signature: _____

SLFSP Staff Use

Nutrition:	<input type="checkbox"/>	Food Pyramid Reviewed		
Fitness Testing:	<input type="checkbox"/>	Scheduled	<input type="checkbox"/>	Declined
Fitness Program:	<input type="checkbox"/>	Scheduled	<input type="checkbox"/>	Declined