**Health and Fitness Profile**

**Contact Information**

Name:

Address:

Phone:

Email:

Age:

Height:

Weight:

**Personal Profile**

Current Occupation:

Current recreational activities:

Current injuries or pain during activities or in general:

Past injuries:

**Exercise Profile**

Current exercise:

Past exercise:

Goals:

**Health Profile**

Is there any medical or physical condition that you have or have experienced in the past which would affect your ability to participate in personal training?

Are you currently taking any medications or supplements?

I understand and recognize that this profile has been filled out to determine my current level of physical activity and my goals. I further understand that exercising can be strenuous but the purpose of this profile is not to determine if I am medically cleared to perform physical activity. I understand it may be necessary to undergo medical evaluation prior to physical activity. I also understand that Knox Power Company LLC is not a medically supervised facility and that I am exercising at my own risk.

Signature: