ETF Wellness Corp.

Health History Form

Please check one of the following: ☐ One-On-One Personal Training ☐ Distance COaching

Name: ________________________________ Email: ______________________________________

Daytime Phone: ________________________ Cell Phone: __________________________________

01. Have you ever been diagnosed with cardiovascular disease (heart attack, stroke, etc.)?

.... ☐ NO ☐ YES, please explain:

02. Have you ever been diagnosed with pulmonary disease (emphysema, bronchitis, asthma)?

.... ☐ NO ☐ YES, please explain:

03. Have you ever been diagnosed with metabolic disease (thyroid, kidney, liver)?

.... ☐ NO ☐ YES, please explain:

04. Have you ever been diagnosed with diabetes? .... ☐ NO

☐ YES, please specify: ☐ Type 1 ☐ Type 2

05. Is your resting blood pressure greater than or equal to 140/90?......... ☐ NO ☐ YES, please explain:

06. Do you have high cholesterol? .... ☐ NO ☐ YES, please explain:

07. Do you have a family history of heart attack or sudden death in parents or siblings prior to age 55?

.... ☐ NO ☐ YES, please explain:

08. Have you ever had any lower back or neck problems? .... ☐ NO ☐ YES, please explain:

09. Do you have any other muscle, bone, or joint constraints that could be aggravated by physical exertion? .... ☐ NO ☐ YES, please explain:

10. Are you a current smoker? .... ☐ NO ☐ YES, how much/often (per day):

11. Do you experience dizziness or fainting? .... ☐ NO ☐ YES, please explain:

12. Do you use drugs or alcohol? .... ☐ NO ☐ YES, please explain:

13. Are you currently taking any dietary supplements? .... ☐ NO ☐ YES, please explain:

14. Are you taking any medications? .... ☐ NO ☐ YES, please explain:

15. Are you currently under the care of a physician for any reason? .... ☐ NO ☐ YES, please explain:

16. Does your doctor know you are beginning an exercise program? If so, does he object?

.... ☐ NO ☐ YES, please explain:

17. Are you aware through your own experience, or physician's advice, of any other reasons against your exercising without medical supervision? .... ☐ NO ☐ YES, please explain:

I certify that all responses to the questions above are true and answered to the best of my ability.

____ ____

Printed Name Signed

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Dated