

Medical History

Name: _____ Date: _____

Please indicate whether you have or have had any of the following:

	Past	Current		Past	Current
Arthritis			High Blood Pressure		
Blood Disease			Asthma/Lung Disease		
Anemia			Immune Disorders		
Cancer			Numbness/Tingling		
Constipation			Paralysis		
Dizziness			Prostate Problems		
Ear Infections			Seizures		
Fainting			Sleep Disorders		
Fatigue (Chronic)			Ulcers of the GI Tract		
Head Injury			Urinary Tract Infections		
Headaches			Vision Problems		
Hearing Problems			Weight Gain or Loss (Excessive)		
Heart Disease			Other:		
Hepatitis					

Please indicate whether you are taking any medication, drugs, or natural supplements that may complicate your involvement with FitJunkie:

Prescription	
Other	

Please indicate whether you have any other health-related issues that you are concerned may be affected by your involvement with FitJunkie:

Yes (please explain)	
No	

Please indicate whether you are currently pregnant:

If yes, please indicate number of weeks	
If yes, please indicate whether your physician has cleared you for all physical activity.	

Emergency Contact Information

Name:	
Relationship:	Phone:

I, _____, hereby acknowledge that the information contained herein is true and correct as of the date given. I agree that FitJunkie will be informed in writing, of any changes contained herein. I hereby acknowledge that any errors in this acknowledgement of failures to inform FitJunkie of any changes, is my responsibility alone.

Signature: _____ Date: _____