

SINGAPORE FITNESS BOOT CAMP

Health Status / Medical History Form

A. Health Status / Medical History

Do you have an immediate relative who died of a heart attack before age 60? YES / NO

If YES, please specify. _____

Have you had any operations before? YES / NO

If YES, please specify. _____

Have you been diagnosed to have any of the following medical conditions? (Put a tick in the appropriate column)

	YES	NO
1. Asthma	_____	_____
2. Arthritis	_____	_____
3. Bronchitis	_____	_____
4. Coronary Heart Disease	_____	_____
5. Diabetes	_____	_____
6. Emphysema	_____	_____
7. Hypertension	_____	_____
8. Low Back Problems	_____	_____
9. Any Others:	_____	

Do you have any of the following signs and symptoms in the past 3 months? (Put a tick in the appropriate column)

	YES	NO
1. Abdominal Pain	_____	_____
2. Acute Muscular Pain in any part of the body	_____	_____
3. Breathlessness with slight exertion	_____	_____
4. Chest Pain	_____	_____
5. Faintness / Dizziness	_____	_____
6. Low Back Pain	_____	_____
7. Numbness On One / Both Sides Of The Body	_____	_____
8. Pain in Joints	_____	_____
9. Palpitations or Fast Heart Beat	_____	_____
10. Radiating Pain from Shoulders to Arms or Thighs	_____	_____
11. Unusual Fatigue with normal activity	_____	_____
12. Any Other Unusual Bodily Signs Or Symptoms:	_____	

Are you currently on any medication ? YES / NO

If YES, please specify. _____

For Female Clients Only

Are you currently pregnant ? YES / NO

If YES, specify number of months _____

I hereby acknowledge that I have answered all the above questions to the best of my ability, and I have not willfully withheld any information.

Client's Signature / Date

Client's Full Name

THANK YOU FOR YOUR COOPERATION