

Fitness Level Questionnaire and Goals

Last Name - _____ First Name _____ Age _____ Sex - **M / F**

City - _____ St _____ Instructor - _____

Phone (H) - _____ (Cell) - _____

Email Address - _____

Physical Condition and Goals

| Height | Beginning | Goal |
|------------------|-----------|------|
| Weight | | |
| Pushups* | | |
| Situps * | | |
| Pullups | | |
| 1 mile run | | |
| 1.5mile run | | |
| 2 mile run | | |
| 3 mile run | | |
| 300m or 400m run | | |
| 500yd swim | | |

(*maximum or in 1 to 2 minutes max time)

Other Goals - _____

Join the military, fire / police department, government agency - By what date _____

If YES - Which branch of service or agency- _____

What types of equipment do you have access to for workouts on your own?

Full Gym _____ Lap Swimming pool _____ 400m track _____ Free weights _____ Pullup/Dip Bars _____

Other _____

How much time everyday do you have to exercise? _____

Health History

1. Have you had or do you have any disorders mentioned below? (Y/N)

____ Heart Disease ____ Chest Pains

IF YES - PLEASE ELABORATE:

____ Heart Problems ____ Back Trouble

____ Anemia ____ Asthma

____ Diabetes ____ Hernia

____ Joint Pain ____ Epilepsy

____ Fainting Spells ____ High Blood Pressure

Other _____

2. Any history of hospitalizations, operations and/or serious injuries? _____

3. Are you currently taking any medications? Please provide specifics. _____

By signing I am verifying that the above information is accurate and agree to waive any liability, claims, actions or damage of any kind resulting in the participation in the free pre-military training program taught by my trainer, _____, and Stew Smith or the Heroes of Tomorrow Organization.

I, _____ assume any risks in this program.
signature (if minor must be signed by parent)