

WELCOME to UVAC! We are excited that you have joined us. Our mission is to help you get started on the right path to achieving your health and fitness goals. Please fill out the following so that we can schedule your Fitness Assessment and get you started with the right program.

Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**HEALTH HISTORY**

*Do you have any of the following conditions?*

<ul style="list-style-type: none"> <li><input type="checkbox"/> Arthritis</li> <li><input type="checkbox"/> Cancer</li> <li><input type="checkbox"/> Cardiac (Heart)</li> <li><input type="checkbox"/> Cholesterol</li> <li><input type="checkbox"/> Diabetes</li> <li><input type="checkbox"/> Gastrointestinal</li> <li><input type="checkbox"/> Muscular</li> <li><input type="checkbox"/> Neurological</li> <li><input type="checkbox"/> Orthopedic (Bone/Joint)</li> <li><input type="checkbox"/> Physical Inactivity</li> <li><input type="checkbox"/> Pregnancy (Pre/Post)</li> <li><input type="checkbox"/> Respiratory</li> <li><input type="checkbox"/> Surgeries</li> </ul>	<p>Please further explain any conditions checked off</p> <p>_____</p> <p>_____</p> <p>Are you currently taking Medications? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please List Medications &amp; Reasons</p> <p>_____</p> <p>_____</p> <p><i>For Office Use Only:</i></p> <p>Medical Clearance Needed <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Medical Clearance OUT ____/____/____ IN ____/____/____</p>
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**GOALS**

What is the main reason you are a Member at UVAC? \_\_\_\_\_

What is your short term goal (1-3 months) \_\_\_\_\_

What is your long term goal (ultimate goal) \_\_\_\_\_

**EXERCISE HISTORY**

Are you a...

- Current Exerciser what? \_\_\_\_\_ times/week \_\_\_\_\_ how long \_\_\_\_\_
- Exercised w/in last year what? \_\_\_\_\_ when? \_\_\_\_\_
- Exercised more than 1 year ago what? \_\_\_\_\_ when? \_\_\_\_\_
- Never Exercised

Have you ever worked with a Personal Trainer?  Yes  No

Are you interested in doing so?  Yes  No  Maybe

**TRAINER PREFERENCE**

Male  Female  Specific Trainer \_\_\_\_\_

**PLAN**

What is your Fitness Commitment level? (SCALE OF 1-10 1= not committed, 10 = fully committed)

1      2      3      4      5      6      7      8      9      10

**How many times per week and how long do you plan to exercise at UVAC?**

**Exercise Frequency** times per week \_\_\_\_\_ **Duration** Minutes \_\_\_\_\_

**When do you prefer to exercise:**  AM  PM  Weekdays  Weekends

**PROGRAMS OF INTEREST**

- Fitness Assessment  NKT
- Personal Training  Pilates/Yoga
- Shed and Shred  PALS for Life
- Well and Fit
- 60 for 60
- Staying Active

**SPECIFIC INTERESTS**

- General Fitness  Strength/Conditioning
- Weight Loss  Race Prep
- Senior Fitness
- Kids/Teen Fitness
- Sports Specific
- Injury Rehab

***Is there anything else you'd like to tell us regarding your health and fitness goals or expectations?***

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**FOR OFFICE USE ONLY**

**FITNESS ASSESSMENT SCHEDULED**  Yes  No

**Date Scheduled:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**RECOMMENDATIONS**

**NOTES**