



CrossFit Des Moines
3209 99th Street
Urbandale, IA 50322

Physical Activity and Medical Questionnaire

- | | Yes | No |
|---|-------|-------|
| 1. Has a doctor ever said you have a heart condition and recommended only medically supervised activity? | _____ | _____ |
| 2. Do you have chest pain brought on by physical activity? | _____ | _____ |
| 3. Do you tend to lose consciousness or fall over as a result of dizziness? | _____ | _____ |
| 4. Has a doctor ever recommended medication for your blood pressure or a heart condition? | _____ | _____ |
| 5. Do you have a bone or joint problem that could be aggravated by the proposed physical activity? | _____ | _____ |
| 6. Are you aware, through your own experience or a doctor's advice, of any other physical reason against your exercising without medical supervision? | _____ | _____ |
| 7. Are you over the age of 65 and not accustomed to vigorous exercise? | _____ | _____ |

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS,
PLEASE ANSWER THE FOLLOWING:

- | | | |
|---|-------|-------|
| 8. Have you consulted your physician regarding increasing your physical activity and/or performing a fitness assessment? | _____ | _____ |
| 9. If you answered NO to question 8, will you consult your physician prior to increasing your physical activity and/or performing a fitness assessment? | _____ | _____ |

I certify that the above statements are true and correct. I understand that a Doctor's note may be requested. If a note is requested, I should not proceed with this workout until a note is received.

Client Signature: _____ *Date:* _____