



PEAKHUMANPERFORMANCE

HEALTH QUESTIONNAIRE FORM (PAR-Q)

Peak Human Performance has developed this questionnaire in an effort to keep your exercise experience safe and free from injury. Please answer the following questions as accurately as you can. Many conditions and medications can affect your health while exercising. Your responses will be treated in a confidential professional and manner.

We recommend that you check with your physician before starting any new exercise program.

PLEASE PRINT CLEARLY

Today's Date: ____/____/____

Name: (First)_____ (Last)_____

Height: _____ Weight: _____ DOB: ____/____/____ Male____ Female ____

Address:

Phone: _____ Email Address: _____

IN CASE OF EMERGENCY

Contact: _____ Phone: _____

Relationship: _____ Date of last physical: ____/____/____

Doctor(s) name/clinic _____ Phone: _____

Does your physician know you are participating in an exercise program? Yes _____ No _____

HOW LONG HAVE YOU EXERCISED OR PLAYED SPORTS:

Regularly (months or years) _____ I have not exercised regularly for (months or years) _____

WHICH OF THE FOLLOWING AREAS BRINGS YOU TO PEAK HUMAN PERFORMANCE:

- Personal Training Small Group Training Sports Performance Team Training
- Strength Development Speed & Agility Vertical Jump Conditioning Gain Mass

MEDICAL HISTORY

Please list any major injuries, breaks, sprains, strains or surgeries and when they occurred.



Do you now or have you ever had issues with the following (CIRCLE ONE):

1. History of heart problems, chest pain, stroke, or prescribed heart medication	YES / NO
2. Increased blood pressures and/or controlled by medication	YES / NO
3. Increased blood cholesterol	YES / NO
4. Pregnancy (now or within the last 3 months)	YES / NO
5. Recent surgery that might hinder you from exercise	YES / NO
6. Diabetes	YES / NO
7. Thyroid condition	YES / NO
8. Fibromyalgia or Allodynia	YES / NO
9. History of breathing or lung problems (ex: asthma, bronchitis, emphysema)	YES / NO
10. Muscle, joint, or back disorder	YES / NO
11. Cigarette smoking habit	YES / NO
1. History of heart problems in immediate family	YES / NO
13. Any other condition that may hinder you from either exercise physical or mental	YES / NO
*If you marked yes to #'s 1-8 do you understand you may need to get a Doctor's release?	YES / NO

I do understand that there is a risk of injury associated with participation in any Peak Human Performance (P.H.P.) exercise or sports performance training program and I certify that I am in good physical condition and have no disabilities that hamper my participation. I do hereby assume full responsibility for any and all damages, injuries, or losses that I may sustain or incur, if any, while attending or participating in any and all P.H.P. programs. I hereby waive any and all claims against Peak Human Performance, its coaches, trainers, instructors, interns, or partners of said program(s), individually, or otherwise, for any and all claims for injuries or damages that I might sustain. I certify that all of the information provided on this application is correct and true.

BY CHECKING THIS BOX I HEREBY CERTIFY THAT I AM OF LEAGAL AGE (18YRS) TO SIGN.

SIGNATURE _____ DATE _____

PARENT OR GUARDIAN MUST SIGN IF THE PARTICIPANT IS UNDER 18. ALL PARTICIPANTS MUST SIGN. SHOULD YOU HAVE ANY QUESTIONS, PLEASE CONTACT US AT 614-918-7476