

KENNEDY FITNESS, LLC

CLIENT ASSESSMENT FORM

Full Name _____	Date of Birth _____
Address _____	Occupation _____
City _____ State _____ Zip Code _____	Married _____ or Single _____
Home Phone _____ Day Phone _____	Number of Children _____
E-mail _____	Height _____ Sex _____
Emergency Contact _____	Dr. _____
(Name and Telephone Number, including area code)	(Name and Number, including area code)

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

- | | YES | NO |
|---|-------|-------|
| 1. Has a doctor ever said you have a heart condition and recommended only medically supervised physical activity?..... | _____ | _____ |
| 2. Do you feel pain in your chest when you perform physical activity?..... | _____ | _____ |
| 3. In the past month, have you had chest pain when you were not performing physical activity?..... | _____ | _____ |
| 4. Do you tend to lose consciousness or fall over as a result of dizziness?..... | _____ | _____ |
| 5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?..... | _____ | _____ |
| 6. Is your doctor prescribing any medication for your blood pressure or for a heart condition?..... | _____ | _____ |
| 7. Do you know of any other reason why you should not engage in physical activity?..... | _____ | _____ |
| 8. Have you consulted your physician regarding increasing your physical activity and / or performing a fitness assessment?..... | _____ | _____ |
- If there are any changes in your status relative to the above questions, please bring this information to the immediate attention of Kennedy Fitness, LLC.

I certify that the above statements are true and correct. I understand that a Medical Release Form may be requested. If a form is requested, I will be unable to engage in physical activity with Kennedy Fitness, LLC until that form is received.

Client Signature: _____ Date: _____