

Unique Fitness Boxing Health Questionnaire For:

Read the following questions carefully and circle yes or no:

1. Do you have any current illnesses, like a cold or respiratory inflammation?
Yes No
2. Has your doctor ever told you that you have heart trouble? Yes No
3. Do you sometimes have pains in your heart or chest? Yes No
4. Do you often feel faint or have dizzy spells? Yes No
5. Has your doctor ever told you that your blood pressure is too high? Yes No
6. Has your doctor ever told you that you have a joint or bone problem, like arthritis?
Yes No
7. Do you have back or neck problems? Yes No
8. Do you have problems with your wrist, knees, elbows, or shoulders? Yes No
9. Are you pregnant? Yes No
10. Have you had surgery in the past year? Yes No
11. Are you over 65 and not accustomed to physical exercise? Yes No
12. Is there a good physical or psychological reason not mentioned here why you should not begin, or why you should be especially careful, during and exercise program? Yes No

NOTE: If you answered yes to any of the above questions, CONSULT WITH YOUR DOCTOR BY PHONE OR IN PERSON, BEFORE INCREASING YOUR ACTIVITY LEVEL. Find out, with medical evaluation from your doctor, whether you are okay for: unrestricted physical activity, gradually increasing activity, or restricted activity for a period of time.

I have answered these questions accurately.

Signed: _____ Date _____