

Cybertrain Health Screen Form

Name: _____ Telephone _____
Email: _____ Cell _____
Address: _____ City _____ State _____ Zip _____
Circle: Male Female

Date of Birth: _____ Height ____ ft ____ in. Weight: _____ lbs

Program Name: Personal Training **Trainer Name: Paul Manning**

This is intended to obtain relevant information about your health that will assist the staff in helping you with your program. Please answer all questions to the best of your knowledge.

Do you have high blood pressure? _____ Yes _____ No

Do you smoke? _____ Yes _____ No

Are you a former smoker? _____ Yes * _____ No

* If yes, please give the date you quit _____

Do you have diabetes? _____ Yes _____ No

Have you ever had a heart attack? _____ Yes _____ No

Heart surgery? _____ Yes _____ No

Angina? _____ Yes _____ No

Have you ever had pain in your chest? _____ Yes _____ No

Have any of your blood relatives had heart disease, heart surgery or angina?

_____ Yes _____ No

Do you have any serious orthopedic problems that would prevent you from exercising?

_____ Yes _____ No

Have you ever had surgery? _____ Yes * _____ No

*If yes, when? _____ What type? _____

Have you ever had fainting or dizzy spells? _____ Yes _____ No

Do you have any reason to believe you should not participate in this program?

_____ Yes _____ No

Other problems not listed: _____

Emergency Contact

Name: _____ Phone Number: _____

Relation: _____ Alt. Number: _____

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