



HEALTH QUESTIONNAIRE

Participant's Name: _____

HEALTH QUESTIONS

1. Do you have any health problems that would limit your participation in this fitness program? (i.e., arthritis, high blood pressure, chronic fatigue syndrome, etc.)

Yes_____ No_____

2. Do you have any injuries that would limit your participation in this fitness program?

Yes_____ No_____

3. Have you sustained any prior injuries that would limit your participation in this fitness program?

Yes_____ No _____

4. Do you have any pain or soreness in your muscles or joints that would limit your participation in this fitness program?

Yes_____ No_____

5. Do you have any disabilities that would limit your participation in this fitness program?

Yes_____ No_____

6. Do you have any cardiovascular disease that would limit your participation in this fitness program?

Yes_____ No_____

7. Do you have any neurological problems that would limit your participation in this fitness program?

Yes_____ No_____

8. Do you have any other health concerns that would limit your participation in this fitness program?

Yes_____ No_____

9. Have you ever suffered an allergic reaction or sensitivity to cold?

Yes_____ No_____

If any of the above questions have a "Yes" checked, please consult your doctor before participating in outdoor group fitness classes. Inform your doctor about which question you answered YES to. You may join our classes, but will have to start slowly and gradually increase your health and fitness level.

If you answered "NO" to all questions, you have reasonable assurance of your present suitability for outdoor group exercise.

Participant's Signature _____ Date _____