Jens Kieling Fitness
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www.jkfitness.ca

Client Pre-Screening Questionnaire

Name: _____ Date: _____

1. Have you or any immediate family members (mother, brother, sister, grandparent) had any of the following:

	Self	Family		Self	Family
Bronchitis	□	□	Hypertension	□	□
Emphysema	□	□	Hypotension	□	□
Asthmas	□	□	Heart Attack	□	□
Pneumonia	□	□	Angina	□	□
Pleurisy	□	□	Heart Murmur	□	□
Fibrosis	□	□	Pneumatic Fever	□	□
Tuberculosis	□	□	Rheumatic Fever	□	□
Arrhythmia	□	□	Heartburn	□	□
Vertigo	□	□	Aneurysm	□	□
Arthritis	□	□	Diabetes	□	□

2. List all muscle/ligament or sport-related injuries throughout the body? Please specify type & date:

3. Please list any surgeries you have had performed (include details):

4. Are you currently taking or presently under any medication? Please specify:

5. Have you ever had any vaccinations or immunizations? Please specify each one within 10 years:

6. Have you ever been advised by a physician to avoid any type of exercise? Please specify:

7. Have you ever had difficulty breathing?

8. Have you ever experienced fainting or dizzy spells?

9. Do you smoke? If yes, how much?

10. Are you currently participating in a regular program of exercise? What type?

11. Are there any other health conditions that might limit your participation in a fitness program?

Participant's signature _____

Parent or Guardian (if under 18 years of age) _____