MESSERFIT

Name_____ Date_____
Address_____Age_____
Phone (H)_____(C) _____ Sex M_____ F _____
E-Mail_____
Physicians Name and Practice_____
Physician Phone _____
Emergency Contact: Name_____ Phone_____

Are you taking any medication or drugs? If yes, please list below with dose and reason.

Medications	**Dosage**	**Prescribed for**	**Date**
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does your Physician know you are participating in an exercise program? _____
Would you like Messer Bodies By Design to contact your doctor to get a medical release?_____

PAR-Q: Do you have or have you had in the past;	Yes	No
1. History of heart problems, chest pain, or stroke	☐	☐
2. High blood pressure or medicated for high blood pressure	☐	☐
3. Any chronic illness or condition	☐	☐
4. Difficulty with physical exercise	☐	☐
5. Advice from physical not to exercise	☐	☐
6. Recent surgery	☐	☐
7. Pregnancy	☐	☐
8. History of breathing or lung problems	☐	☐
9. Muscle, joint or back disorder, or any previous Injury still affecting you	☐	☐
10. Diabetes or thyroid condition	☐	☐
11.Tobacco, alcohol, or drugs	☐	☐
12.Obesity (more than 20% over ideal body weight)	☐	☐
13.High cholesterol or medicated for high cholesterol	☐	☐
14.Hernia, or any other condition that may be aggravated by lifting weights?	☐	☐

At any time MesserFIT, as well as the client, retains the right to cease and desist all professional relations for any reason deemed suitable. Upon ceasing the client trainer relationship, any monies paid to MesserFIT as payment for training services will be forfeited by the paying client to Messer Bodies By Design.