Date: _____ Name: _____

Health and Fitness Today Tomorrow 4 Ever

Risk Evaluation Form

I've recently had surgery I've had heart trouble in the past	
I often feel faint or dizzy I have high blood pressure	
I am a reformed smoker I am now a smoker	
I have bone, joint, ligament, or tendon problems	
My Father, mother, brother, or sister suffered heart attack before 50	
I am currently taking medications I suffer from allergies or asthma	
I'm pregnant I'm Diabetic	
I have hypoglycemia, I'm 20 pounds or more overweight	

If you checked any one of the statements as true, you must receive medical evaluation and consent before you may take a fitness test and participate in an exercise class

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