

# HEALTH & MEDICAL HISTORY

## Quality Fitness Mukilteo

4201 Russell Road  
Mukilteo, WA 98275  
(425) 347-5191

### GENERAL INFORMATION

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CITY / STATE / ZIP: \_\_\_\_\_

CELL  
PHONE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMERGENCY CONTACT:

NAME & PHONE: \_\_\_\_\_  
\_\_\_\_\_

ARE YOU CURRENTLY UNDER A PHYSICIAN'S CARE?

- NO  
 YES, PLEASE EXPLAIN \_\_\_\_\_  
\_\_\_\_\_

PLEASE LIST CURRENT MEDICATIONS (NAMES ONLY);  
INCLUDE PRESCRIPTION, OVER-THE-COUNTER, HERBAL  
AND DIETARY SUPPLEMENTS AS WELL  
\_\_\_\_\_  
\_\_\_\_\_

ARE YOU ALLERGIC TO ANY DRUGS, FOODS, ANIMALS OR  
SUBSTANCES?  
\_\_\_\_\_  
\_\_\_\_\_

BIRTHDAY: \_\_\_\_\_

AGE: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

HOW DID YOU HEAR ABOUT QUALITY FITNESS MUKILTEO?  
\_\_\_\_\_

Do you now have, have you recently experienced, or have you ever had any of the following? Check all that are applicable:

- HIGH BLOOD PRESSURE, AT ANY TIME
- LOW BLOOD PRESSURE
- CHOLESTEROL >200MG/DL
- HEART ATTACK, CORONARY BYPASS, OR , n OTHER CARDIAC SURGERY
- STROKE
- PHLEBITIS OR EMBOLISM
- DISCOMFORT IN CHEST OR SURROUNDING AREAS
- EXTRA, SKIPPED OR RAPID HEART BEATS OR PALPITATIONS
- HEART MURMUR
- RADIATING ARM PAIN
- COLD HANDS AND/OR FEET, UNEXPLAINED
- PAIN WHEN BREATHING
- LIGHTEADEDNESS OR FAINTING
- ANEMIA
- ACHING, WEAKNESS, TIGHTNESS OR CRAMPING SENSATION IN LOWER LEGS DURING ACTIVITY
- EMPHYSEMA
- BRONCHITIS
- ASTHMA
- UNACUSTOMED SHORTNESS OF BREATH OR SHORTNESS OF BREATH WITH MILD EXERGIION OR EXERCISE
- DIABETES
- ULCERS
- STOMACH OR INTESTINAL PROBLEMS
- HERNIA
- KIDNEY DISEASE
- SWOLLEN, STIFF OR PAINFUL JOINTS
- LIMITED RANGE OF MOTION IN JOINTS
- BACK PROBLEMS
- NECK PROBLEMS
- SHOULDER PROBLEMS
- KNEE PROBLEMMS
- HIP PROBLEMS
- FOOT PROBLEMS/ARTHRITIS
- FATIGUE, LACK OF ENERGY
- CANCER
- OBESITY/OVERWEIGHT

I, the undersigned, declare that I have answered all questions on this Health & Medical History truthfully and to the best of my knowledge. I realize that by withholding information (accidentally or otherwise) I place myself at greater risk for injury and/or death. I also understand that absence of any physical problems or risk listed on this History does not guarantee I am in satisfactory condition to participate in an exercise program. Therefore, I the undersigned, for myself and my heirs, hereby waive and release any and all rights and claims for damages and/or injuries I may have against Quality Fitness Mukilteo, and its agents.

\_\_\_\_\_  
Signature

Revised: March 5, 2019

**QUALITY FITNESS MUKILTEO  
AGREEMENT AND RELEASE OF  
LIABILITY FOR SMALL GROUP CLASSES**

1. In consideration of being allowed to participate in the programs of **Quality Fitness Mukilteo**, and to the use of facilities, equipment and services, in addition to the payment of any fee or charge; I do hereby forever waive, release and discharge **Quality Fitness Mukilteo** and its officers, agents, employees, representatives and all others acting on their behalf from any and all claims or liabilities for injuries or damages to my person and/or property. Including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf, arising out of or connected with my participation in any activities, programs, or services of **Quality Fitness Mukilteo** or the use of any equipment provided by and/or recommended by **Quality Fitness Mukilteo, and its agents**.
2. I have been informed, I understand, and I am aware that strength, flexibility and aerobic exercise, including, but not limited to the use of exercise equipment, can be potentially hazardous. I have been informed of, I understand, and I am aware that fitness activities involve a risk of injury, including but not limited to, abnormal blood pressure, fainting, dizziness, disorders of heart rhythm, heart attack, low blood sugar, and other side effects. I further understand and I have been informed that there exists the risk of bodily injury including, but not limited to, injuries to the muscles, tendons, ligaments, and joints of the body. I have been told that every effort will be made to minimize these occurrences by proper assessment of my condition, supervision during exercise, and/or by my own careful control of my exercise efforts. I fully understand the risk associated with exercise including a remote risk of serious disability or even death, and that I am voluntarily participating in these activities and using equipment and machinery with full knowledge, understanding and appreciation of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury and/or death.
3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in exercise programs or use of equipment or machinery. I do hereby

acknowledge that I have been informed of the need for a physician's approval for my participation in the exercise activities, programs and use of exercise equipment. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity. I also acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in the exercise activities, programs and use of equipment without the approval of my physician and do hereby assume all responsibility for my participation in said activities, programs and use of equipment.

4. I acknowledge that there is an increased possibility of injury because of exercises I may participate in that are conducted outside on uneven pavement or uneven grass areas.
5. I acknowledge that I have read this form carefully and I fully understand the contents. I acknowledge that **Quality Fitness Mukilteo, and its agents** have explained the risk(s) involved, the benefits, and that they have offered to answer any inquiries that I have concerning the program(s). I understand that I have the right to withdraw my consent and to stop participation at any time during the course of the class and that my stated wishes in this regard shall be carried out.
6. I acknowledge this as a separate agreement from the financial agreement I may have made with **Quality Fitness Mukilteo** in regards to purchasing my sessions.

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**Participant Signature**

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**Date**

Revised 03/10/16