

## MEDICAL HISTORY FORM / SERVICE AGREEMENT FOR PERSONAL TRAINING

CLIENT'S PERSONAL DETAILS					
First name:			Mobile phone:		
Last name:			Date of Birth:		
Address:			Male or Female:		
City:			Email (personal):		
Postcode:			Occupation:		
EMERGENCY CONTACT:					
First name:			Last name:		
Relationship:			Phone:		
MEDICAL HISTORY					
Are there any known reasons such as an illness, disability, impairment or otherwise, which may impact, limit or influence your ability to participate in any physical activities, including (but not limited) any one or more of the following?					
Arthritis	NO	YES	Liver/ Kidney Condition	NO	YES
Asthma	NO	YES	Regular Headaches	NO	YES
Diabetes	NO	YES	Major Injuries	NO	YES
Family History of Heart Disease	NO	YES	A Hernia	NO	YES
Heart Condition	NO	YES	Muscular Pain/ Cramps	NO	YES
High Blood Pressure	NO	YES	Muscular/ Skeletal Injuries (e.g. Broken bones, Dislocations, Tears, Sprains)	NO	YES
Low Blood Pressure	NO	YES			
Heart Palpitations	NO	YES	Lower Back pain	NO	YES
Pain or Tightness in the Chest	NO	YES	Chronic cough	NO	YES
Rheumatic Fever	NO	YES	High Cholesterol	NO	YES
Do You Smoke?	NO	YES	How many cigarettes per day? :		
Any other factors that may limit the activity?				NO	YES
Describe in more detail any condition you selected 'YES' to above:					

### CLIENT CONSENT & SIGNATURE:

I advise to the best of my knowledge that my health and medical condition will not preclude me in any way from undertaking a program of exercises designed specifically for me. I confirm that should I become aware of any condition that may affect my participation in any exercise program recommended, I will advise of such condition. I consent to voluntarily engage in the exercise program directed by the trainer and understand my responsibility for any accidents or damage caused by misuse of equipment or facilities.

**Sign below to acknowledge all above terms & conditions and also to indicate that your GP Doctor or Physician has cleared you for a fitness assessment and participation in an exercise program.**

**FULL NAME:**

**SIGNATURE:**

**DATE:**

**TERMS & CONDITIONS:**

**Scope of Services:** Clients will be trained by the trainer on regular basis, receive ongoing professional health & fitness advice by trainer through e-mail, SMS or phone calls. And receive Regular Fitness & Health Assessments.

**Location:** Sessions will be held as agreed but mainly Indoor at the Castlereagh Club, 199 Castlereagh Street, Sydney, NSW 2000 or on special occasion outdoor if weather permits (location will be specified by trainer ahead of time.)

**Appointments:** Sessions will be held as advertised, scheduled and agreed. Clients have the responsibility to stay updated through the personal profile where they can check next training session that's coming up and also keep the trainer updated with the training and nutrition habits through notes and also to get access to the files. This can be accessed via our website [www.vitfit.com.au](http://www.vitfit.com.au)

**Bookings & Cancellations:**

Cancellation or Rescheduling of the sessions by the Bookings system, Phone call, email, Sms or Voicemail. If you fail to notify of cancellation of the session 24 hours prior the scheduled time, the session cost will be forfeited.

**Payments:** All Personal training sessions, or Massage treatments require a pre-payment by Bank Transfer or Cash to secure a session time. Invoice must be paid within 7 days from delivery.

**CONFIRMATION:**

By signing below you agree with the above terms and conditions above.

**Client's signature:**

**Full name:**

**DATE:**

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„Secret of getting ahead is getting started.“