

Kaitz Performance Training

Personal Training Post Rehabilitation History & Testing

Client Name: _____ Date: _____

Date of Injury: _____ Referring Therapist or Doctor: _____ Claim # _____

Trainer _____ Trainer-Level _____ Date _____

Client Health History

Yes No

- Has your doctor ever said you have heart trouble?
 - Have you ever had an abnormal EKG or graded exercise EKG
 - Do you frequently have pains in your heart and chest?
 - Do you often feel faint or have dizzy spells?
 - Have you ever had a seizure?
 - Has a doctor ever said your blood pressure is too high? ____/____
 - Have you ever been told you have high cholesterol? Level _____
 - Are you a diabetic?
 - Do you smoke? Length of time _____ # per day _____
 - Has a doctor ever told you that you have a bone or joint problem such as arthritis that might be made worse with exercise?
 - Is stress a major factor in your life? Cause(s) _____
 - Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to? Explain _____
- Describe any muscular or joint problems that might be aggravated by exercise: _____

List all surgeries: _____

List all medications: _____

INFORMED CONSENT

Weight training and related exercise activities are inherently dangerous activities in which participants and other individuals are under constant risk. I am fully aware of the potential dangers of engaging in exercise activities (such as resistance training, weight lifting, cardiovascular exercise, group exercise classes, any other exercise activity and massage therapy). In consideration of permitting me to participate in any exercise activity with John Kaitz, at any premise including indoor and/or outdoor areas, I agree to voluntarily release from and assume all liability and damages, and agree to indemnify, defend, and hold harmless, John Kaitz for any death, injury or damage suffered by any person, including myself, arising out of any of my activities with John Kaitz even if the death, injury or damage is caused by John Kaitz's own negligence.

I acknowledge that I have carefully read this waiver and release and fully understand that it is a release of all liability. In addition, I do hereby waive any right that I may have to bring legal action or assert a claim for injury or loss of any kind against John Kaitz for negligence or arising out of or relating to my participation in any of the activities, or use of equipment, facilities, or services John Kaitz provides, or on account of any illness or accident, or damage to or loss of my personal property in connection with those services.

Signature

Date

John Kaitz

Kaitz Performance Training

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