



**Aerobic Studio**  
**Yvonne Tabor, Instructor**

**4011 Belgrave Circle**  
**Frederick, MD 21704**

**Name** \_\_\_\_\_  
*Last First MI*

**Home Address** \_\_\_\_\_  
 \_\_\_\_\_  
*City State Zip Code*

**Home Phone** \_\_\_\_\_ **E-mail Address** \_\_\_\_\_

**Birth Date** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Age** \_\_\_\_\_ **Sex**  **Male**  **Female**

**Emergency Contact** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work Phone/Cell** \_\_\_\_\_

## Health History

**Do you have or have you had any of the following conditions:**

Heart attack	Y	N	Heart/artery disease	Y	N
Chest pain	Y	N	Heart palpitations/murmur	Y	N
Arthritis/bursitis	Y	N	High blood pressure	Y	N
High cholesterol	Y	N	Smoking	Y	N
Diabetes	Y	N	Lung disease/respiratory condition	Y	N
Hypoglycemia	Y	N	Major surgery	Y	N
Major orthopedic surgery	Y	N	Chronic back pain	Y	N
Fainting or light-headedness	Y	N	Unusual fatigue/dizziness	Y	N
Shortness of breath on mild exertion	Y	N	Asthma	Y	N
Family history of heart disease prior to age 55	Y	N	Allergies	Y	N
Women: Are you pregnant?	Y	N	Men: Are you 40 years of age or older?	Y	N
Women: Are you 50 years of age or older?	Y	N			

**If you answered yes to any of the above, please explain:**

\_\_\_\_\_  
 \_\_\_\_\_

Physician's Name \_\_\_\_\_ Physician's Phone \_\_\_\_\_

Date of last physical \_\_\_\_/\_\_\_\_/\_\_\_\_

List any drugs/medications you are currently taking:

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Are you aware of any allergies to any medication?  Yes  No

If yes, please list: \_\_\_\_\_

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## Lifestyle Profile

### Blood Pressure

Do you know your current resting blood pressure?  Yes  No If yes, \_\_\_\_/\_\_\_\_

### Smoking

Do you currently smoke?  Yes  No

If yes, How many cigarettes per day? \_\_\_\_\_ How many years have you smoked? \_\_\_\_\_

If no, have you ever smoked?  Yes  No

### Weight

What is your present Height \_\_\_\_\_ Weight \_\_\_\_\_

Are you following any diet?  Yes  No If yes, for how long? \_\_\_\_\_

Name of the diet: \_\_\_\_\_ Calories/day: \_\_\_\_\_

### Cholesterol

Have you had your cholesterol checked within the past year?  Yes  No

Total cholesterol: \_\_\_\_\_ LDL \_\_\_\_\_ HDL \_\_\_\_\_

### Caffeine/Alcohol Consumption

Approximate your daily intake of:

\_\_\_\_ cups of coffee      \_\_\_\_ cups of tea      \_\_\_\_ caffeinated soda  
\_\_\_\_ beer      \_\_\_\_ glasses of wine      \_\_\_\_ ounces of liquor

**Stress/Tension**

How would you categorize your stress/tension level most of the time?

- Low                       Moderate                       High

How do you manage your stress? \_\_\_\_\_

**Physical Activity**

Are you presently exercising a minimum of 2 times a week for at least 20 minutes?

- Yes                       No

If Yes, please list the activity and duration:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What activities are you interested in participating in?

- Strength training                       Step Aerobics                       Kick boxing  
 Hi/Lo Floor Aerobics                       Stretch                       Stability Ball  
 Other \_\_\_\_\_

Goal and Objectives (Be specific):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have completed this information to the best of my knowledge. I have not withheld any information that may affect a safe exercise program designed for me.

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Release of Liability

I, the undersigned, wish to participate in the aerobic activities of the *Tabor Fit & Fabulous Aerobic Studio*. I certify that I am physically able to participate in any activity I take part in and will use good judgement while exercising. I recognize that I am responsible for knowing my own state of health, and I will advise Yvonne Tabor of any health problems related to exercise. I also understand I may be denied participation in activities for health reasons.

I, the undersigned, so accept any and all responsibility and assume the risk of any and all injury and damage to my person that may arise, whether directly or indirectly as a result of participation in the aerobic classes at *Tabor Fit & Fabulous Aerobic Studio*. I hereby release and discharge *Tabor Fit & Fabulous Aerobic Studio* from all claims, damages, and liability whatsoever that may result from my injury or death, accidental or otherwise during, or arising from my activities at *Tabor Fit & Fabulous Aerobic Studio*. I also agree that in the event of an injury while using the aerobic studio, *Tabor Fit & Fabulous* will not provide any compensation.

I agree to abide by the rules and regulations of the *Tabor Fit & Fabulous Aerobic Studio* with the understanding that violations of such rules may result in withdrawal from all classes or programs offered.

I, \_\_\_\_\_, certify that I have read and understand the contents of this waiver.

Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_