

**Emergency Medical Information Form**

Name

Date of Birth

Age

Phone Number

Address

Name and Phone Number of Emergency Contact

Membership Status

*(Member, Day Pass, Fitness Class)*

Membership Type *(if applicable)*

Name and Time of Fitness Class *(if applicable)*

Please list any allergies or special conditions that may apply

Please check all physical limitations or medical conditions that apply to you

- Allergies
- Arthritis
- Diabetes
- Dysmenorrhea
- Epilepsy
- Heart Disease
- High Blood Pressure
- Joint/Muscle Injuries
- Pregnant
- Headaches (Migraine)

Do you take medication on a regular basis? Yes  No

If yes, please indicate the type and amount of medications:

By signing below, you acknowledge that you are aware of your general health status and know your limitations - therefore, you will proceed at your safe level of exercise.