



**WELCOME TO OUR  
FITNESS ACADEMY**  
WHERE THE JOURNEY TO GREATNESS BEGINS

**Personal Information:**

Name: .....

Date of Birth: ..... Gender: .....

Email: ..... Phone: .....

Address: .....

**Health History:**

Have you ever been diagnosed with a medical condition that may affect your ability to exercise?

Yes  No

Are you currently taking any medications?

Yes  No

Do you have any allergies or dietary restrictions that the trainer should be aware of?

Yes  No

**Health History:**

What are your primary fitness goals (e.g., weight loss, muscle gain, improved endurance)?

.....

**Exercise Experience:**

What types of exercise or sports have you participated in previously?

.....

**Preferred Training Schedule:**

What days and times are most convenient for your training sessions?

.....

How many sessions per week are you looking to commit to?

.....



**Nutritional Preferences:**

Do you have any specific dietary preferences or restrictions that should be taken into account?

.....

Are you interested in nutritional guidance as part of your training program?

.....

**Nutritional Preferences:**

Are there factors in your daily life that may impact your training, such as stress levels or irregular work hours?

.....

**Lifestyle Factors:**

Are there factors in your daily life that may impact your training, such as stress levels or irregular work hours?

.....

**Motivation and Commitment:**

What motivates you to seek personal training?

.....

How committed are you to achieving your fitness goals?

.....

**Emergency Contact:**

Name and contact information for an emergency contact person.

Name: ..... Phone: .....

Name: ..... Phone: .....



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**Participant Declaration:**

I, the undersigned, have read, understood to my full satisfaction, and completed this questionnaire. I acknowledge that this physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if my condition changes. I also acknowledge that my Personal Trainer may retain a copy of this form for records. In these instances, it will maintain the confidentiality of the same, complying with applicable law.

Name:

Date:

Signature: