



UVA PERSONAL TRAINING REQUEST FORM

For Office Use Only:

Staff Initials: _____ Date: _____ Time: _____

Amount Paid: \$ _____

Purchased: FA Sessions (number): _____

Assigned To: _____ Date: _____

If you are interested in one of our training programs or services, please complete this request form. Once completed, turn in to the AFC Business Office.

***ALL PROGRAMS AND SERVICES MUST BE PAID FOR WHEN THIS FORM IS TURNED IN.**

DATE: _____

NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____ AGE: _____

STATUS: STUDENT FACULTY/STAFF MEMBER NON-MEMBER

EXPERIENCE: NEW CLIENT RETURNING CLIENT REASSIGNED PREVIOUS TRAINER: _____

Do you now, or have you experienced any of the following in the past:

YES NO

- a. History of heart problems, chest pains, or stroke? _____
- b. Increased blood pressure? _____
- c. Any chronic illness or infection? _____
- d. Difficulty with physical exercise? _____
- e. Advice from a physician not to exercise? _____
- f. Recent surgery (last 12 months)? _____
- g. Pregnancy (now or within last 3 months)? _____
- h. History of breathing or lung problems? _____
- i. Muscle, joint, or back disorder, or any previous injury still affecting you? _____
- j. Diabetes or thyroid condition? _____
- k. Cigarette smoking habit? _____
- l. Obesity (more than 20% over ideal body weight)? _____
- m. Increased blood cholesterol? _____
- n. History of heart problems in the immediate family? _____
- o. Hernia, or any condition that may be aggravated by lifting weights? _____
- p. Has your weight fluctuated more than a few pounds? _____
- q. Do you sometimes have trouble sleeping? _____
- r. Have you suffered from migraine headaches? _____
- s. Have you felt nervous or anxious for no apparent reason? _____
- t. Have you experienced sudden tingling or numbness in your extremities? _____
- u. Do you experience pain or cramping in your legs? _____

Please explain any YES answers:

Please list any medications you are currently on that may affect, or be affected by, exercise:

I, _____, have read, understood, and completed this questionnaire. Any questions I had were answered to my full satisfaction.

SIGNATURE: _____

DATE: _____