

# CrossFit Carson Valley

## CONFIDENTIAL MEDICAL WAIVER

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

CrossFit Carson Valley recommends that you clear your participation in any exercise program with your physician

### HEALTH ASSESMENT

Have you ever had any form of heart disease?	Yes/No	Explain	
Have you ever experienced shortness of breath or chest pains?	Yes/No	Explain	
Date of last full physical:			
Do you have or do any of the following pertain to your health?			
If yes please explain.			
High Blood Pressure?	Yes/No	Levels:	
Cigarette Smoking?	Yes/No		
Diabetes?	Yes/No	Type:	
Family History of Heart Disease?	Yes/No	Who/Age:	
Do you work out at least three times a week?	Yes/No		
Are you currently taking any medication?	Yes/No	Explain:	
Do you have any problems in the following areas?			
Knees	Yes/No	Explain:	
Lower Back	Yes/No	Explain:	
Neck/Shoulders	Yes/No	Explain:	
Hip/Pelvis	Yes/No	Explain:	
Any Other	Yes/No	Explain:	
Is there any other reason you know of that you should not participate in exercise?	Yes/No	Explain:	

