

Personal Trainer Initial Fitness Assessment

Personal Information

Full Name

Date of Birth

Phone Number

Email Address

Emergency Contact (Name & Number)

Medical History

Do you have or have you ever had:

- ☐ Heart Condition
- ☐ High Blood Pressure
- ☐ Diabetes
- ☐ Recent Injury
- ☐ Asthma
- ☐ Other

Current Medications

If yes to any, please provide details

Lifestyle

Occupation

How many hours do you sleep per night?

Stress Level

Goals

What are your main fitness goals?

- ☐ Weight Loss
- ☐ Tone Up
- ☐ Build Muscle
- ☐ Improve Endurance
- ☐ General Health
- ☐ Other

Please provide details on your fitness goals

Physical Measurements

Height (cm)

Weight (kg)

Body Fat (%)

Other measurements or notes

Current Activity Level

How would you describe your current activity level?

What types of exercise or activities do you currently do?

Any current injuries or limitations?