

CrossFit Competitor Health Disclosure

Full Name

Date of Birth

Contact Number

Email Address

MEDICAL HISTORY

☐ Heart Condition

☐ Respiratory Issues (e.g. asthma)

☐ Orthopedic Injuries

☐ Diabetes

☐ Hypertension

☐ Allergies

☐ Epilepsy/Seizures

☐ Other Conditions

Details of Medical Conditions (if any)

EMERGENCY CONTACT

Name

Phone

ADDITIONAL INFORMATION

Current Medications

Recent Injuries/Surgeries (last 12 months)

Signature

Date