

Corporate Wellness Fitness Screening Form

Personal Details

Full Name

Date of Birth

Department / Team

Email Address

Phone Number

Medical History

- ☐ Heart Condition
- ☐ High Blood Pressure
- ☐ Diabetes
- ☐ Asthma or Breathing Issues
- ☐ Recent Surgery or Injury
- ☐ Other

If Other, please specify

Lifestyle & Activity

How would you rate your current activity level?

What types of exercise do you currently participate in?

How often do you exercise per week?

Fitness Goals

Emergency Contact

Name

Phone Number

Relationship