[redacted]

WELLNESS INFORMATION FORM

Full Name: _____

[redacted]

Gender: _____ Age: _____ Date of Birth: _____

_____

_____

4.

5. Do you have any current medical conditions (Please include pregnancies) for which you are currently being treated?

[redacted]

6. Are you currently using any prescription drugs? Yes No

[redacted]

7. Do you have: Allergies? Any kind Yes No

A.D. - CANADA
915 - 150 Street
Edmonton, Alberta
T6R 1J5
(780) 448-2825

[redacted]

[redacted]

[redacted]

[redacted]

9. [redacted]

10. Please describe your perception of your current fitness level

The above information is complete, true and accurate to the best of my knowledge.

Signature

Instructor Check

[redacted]

A.D. - CANADA
15 - 150 Street
Edmonton, Alberta
T6R 1J5
(780) 448-2825