

# Get Lean With Juline

## Health Assessment and Waiver

Name: \_\_\_\_\_ Date of birth \_\_\_\_\_  
Height: \_\_\_\_\_ Current Weight: \_\_\_\_\_ Goal Weight: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: State: Zip: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_  
Emergency Phone: \_\_\_\_\_

### HEALTH ASSESSMENT

Do you have any form of heart disease? Yes \_\_\_ No \_\_\_  
Have you ever experienced shortness of breath / chest pains? Yes \_\_\_ No \_\_\_  
Date of last full physical: \_\_\_\_\_  
Do you have or do any of the following below: If yes please explain.

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High Blood Pressure? Yes \_\_\_ No \_\_\_ Levels: \_\_\_\_\_ Cigarette Smoking? Yes \_\_\_ No \_\_\_

Diabetes? Yes \_\_\_ No \_\_\_ Types: \_\_\_\_\_

Family History of Heart Disease? Yes \_\_\_ No \_\_\_ Who \_\_\_\_\_

Your Age: \_\_\_\_\_ How often do you currently exercise per week? \_\_\_\_\_

Are you currently taking any medication? Yes / No Explain: \_\_\_\_\_

Do you have problems in the following areas: Knees Yes \_\_\_ No \_\_\_ Explain: \_\_\_\_\_

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Lower Back Yes \_\_\_ No \_\_\_ Explain: \_\_\_\_\_

Neck/Shoulders Yes / No Explain: \_\_\_\_\_

Hip/Pelvis Yes \_\_\_ No \_\_\_ Explain: \_\_\_\_\_

Any Other Yes \_\_\_ No \_\_\_ Explain: \_\_\_\_\_

Is there any reason you should not lift high weight? Yes \_\_\_ No \_\_\_

Explain: \_\_\_\_\_

***Get Lean With Juline recommends that you clear your participation in any exercise program with your physician.***

I agree to assume full responsibility for any risk, injuries or damage know or unknown which I might incur as a result of participating in the fitness program. Such injuries may include, but limited to, heart attacks, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, injuries to knees, back, foot or any other illness or soreness.

I release of liability and fully understand it contents. I agree to the terms and conditions stated above,

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_