



PHYSICAL FITNESS FORM

Name: _____

Address: _____

Date of Birth: _____

1. How do you feel today, any restrictions? Yes ___ No ___
If yes, describe:

2. Have you ever been hospitalized or treated for an injury?
Yes ___ No ___

3. Are you injured now? Yes ___ No ___

4. Do you have high blood pressure? Yes ___ No ___
Are you on medication for it? Yes ___ No ___

5. Do you exercise?
Yes ___ No ___

6. How often?
1 x a week _____
2 x a week ____
3 x a week ____
4 x a week ____
5 x a week ____

7. What type of exercise do you do?

8. Have you taken any defensive courses or martial arts courses?
Yes___ No___

9. What kind of course?

10. Do you still practice?
Yes___ No___

11. Are you physically fit enough to participate in class training?
Yes___ No___

I state that the above information is correct and complete to the best of my knowledge.

Signature

Guardian Signature

Date _____