

# Physical Fitness Form Template

## Applicant's Details

- Full Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- Contact Number: \_\_\_\_\_
- Email: \_\_\_\_\_
- Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_ Gender: M  F   
Other

## Health Information

- Medical History: \_\_\_\_\_
- Physical Limitations: \_\_\_\_\_
- Dietary Restrictions: \_\_\_\_\_

## Fitness Goals

- Primary Fitness Goal: \_\_\_\_\_
- Preferred Exercise Types: \_\_\_\_\_
- Available Days & Times for Exercise: \_\_\_\_\_

## Emergency Contact

- Name: \_\_\_\_\_
- Relationship: \_\_\_\_\_
- Contact Number: \_\_\_\_\_

## Acknowledgment

I understand that engaging in physical activity carries inherent risks and affirm that I have provided accurate health information to the best of my knowledge.

• **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_