

# Release of Liability



PLEASE COMPLETE ALL SECTIONS OF THIS QUESTIONNAIRE PRIOR  
TO ATTENDING CLASSES, WORKSHOPS OR EVENTS

## MEDICAL QUESTIONNAIRE

- Do you know of any reason you should not perform physical activity? . . . . . YES NO
- Have you ever been advised by a medical professional to refrain from exercising? . . . . . YES NO
- Do you have any physical limitations? . . . . . YES NO
- Have you suffered from serious illness that may affect your ability to exercise? . . . . . YES NO
- Have you ever had chest pain or heart problems that may affect your ability to exercise? . . YES NO
- Do you have asthma? If so, do you carry an inhaler? . . . . . YES NO
- Do you suffer from pain; knees, neck, back, hip, etc? If so, please specify . . . . . YES NO
- Have you had prolapsed organs? . . . . . YES NO
- Have you had broken bones? . . . . . YES NO
- Do you have scoliosis, spinal issues? . . . . . YES NO
- Do you carry an epi pen for allergic reactions? . . . . . YES NO
- Do you have a medical condition? If so, please specify . . . . . YES NO
- Do you take medications? Please specify name, reason and dosage. . . . . YES NO
- In the unlikely event of accident or injury, do you have medical treatment  
restrictions (e.g. blood transfusions)? . . . . . YES NO
- Do you have constipation, IBS or incontinence? . . . . . YES NO

OTHER comments?

I fully understand the questions outlined in the medical questionnaire. Should any of the above medical information change, I will advise a representative of “Wellness with Rhonda” before I attend any classes, workshops or events.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

