Klaff Sports Physical Therapy, Inc.
Participant Health & Fitness Declaration

Health Screening Questions

Please answer the following truthfully:

- **Have you been diagnosed with any of the following?**
  (Check all that apply)
  ☐ Heart condition
  ☐ High blood pressure
  ☐ Asthma or respiratory issues
  ☐ Diabetes
  ☐ Bone or joint problems
  ☐ Recent surgery (past 6 months)
  ☐ Other (please specify): _____

- **Do you currently take any medication that may affect your ability to exercise?**
  ☐ Yes ☐ No
  If yes, please list: _____

- **Have you ever experienced chest pain, dizziness, or fainting during physical activity?**
  ☐ Yes ☐ No

- **Are you pregnant or have you given birth in the last 6 months?**
  ☐ Yes ☐ No ☐ N/A

- **Do you have any injuries or medical conditions that may limit or affect your ability to participate in fitness classes?**
  ☐ Yes ☐ No
  If yes, please describe: _____

Declaration & Acknowledgment

By signing below, I confirm that:

- The information I have provided is complete and accurate to the best of my knowledge.

- I understand that participating in physical exercise involves inherent risks.

- I will inform the instructor of any change in my health or fitness level.
- I release Klaff Sports Physical Therapy, Inc.,its owners, staff, and instructors from any and all liability for injuries or health issues that may occur during or as a result of participation in fitness activities.
- I agree to follow all safety instructions provided by the instructors.

Participant Signature: _____
Date: _____