

Excellence In Fitness Profile Form

Last Name First MI Birthdate

Street Address City/State Zip

Work Phone Home Phone Cell Phone E-Mail Address

Height Weight Mobile Service Provider Referred by?

Employer: _____ Occupation: _____

Spouse's name: _____ Spouse birthday: _____

Children's name(s) and ages: _____

Physician's name and phone: _____

Physician's fax: _____

Do you need a personal release to fax physician for exercise clearance? ____Y ____N

Name and phone of person to call in case of emergency: _____

Current Medications: _____

Current Supplements: _____

Additional Notes: