



Power Combat Fitness-Byron, IL
Matt Bouback-
Phone: 815-505-5827
Fax: 815-977-8150
Powercombatfitness@gmail.com

All forms must be sent for approval
prior to starting.

Health Screening Questionnaire

Name _____ DOB _____ Gender M/F

Height _____ Weight _____

Phone Number _____

Email _____

Emergency Contact _____

Emergency Contact Phone _____

Occupation _____

1. Known Disease or Illness (Please List)

2. Do you have high blood pressure or a pre-existing heart condition Y / N

3. Are you diabetic or have you ever been diagnosed with diabetes Y / N

4. Do you lose your breath easily walking or running Y / N

5. Do you have any reason to believe you are pregnant Y / N

6. Do feel that you are physically capable of high intensity interval training, strength training, and cardio vascular exercise Y / N

7. Are you taking any over the counter, prescription medication, or illegal drugs Y/ N. If yes please list them

8. Do drink alcohol Y / N. If yes, how often _____

9. Do you have any injuries Y / N. Please explain dates and time and extent

10. Do you have any restrictions from exercise Y / N

11. Do you ever feel dizzy, faint or nauseas during exercise Y / N

12. Have you had any swelling from jumping or running in the knees or back Y / N

13. Have you experienced painful urination after exercise Y / N

14. Have you noticed extreme soreness after physical activity Y / N

15. Do you smoke cigarettes or chew tobacco Y / N

Nutrition:

1. How many meals per day do you eat? _____

2. How much water do you consume (oz)? _____

3. Do you drink coffee or soda during the day? If so how much? _____

Health:

1. How would you rate your overall health on a scale of 1-10 (10 being excellent)? _____

2. When was the last time you exercised? What did you do and how did you feel after

By signing this I declare that I am not taking any illegal or legal medication that will impair my ability to workout. I also certify that I have not been restricted by a medical doctor from participating in a high intensity exercise program. I also understand and agree that Power Combat Fitness has gone over the questionnaire with me and I have been honest and open about my medical history.

Name _____ Date _____

Trainer _____ Date _____

Auto Debit/Credit Authorization

Approximate Start Date: _____

Preferred Workout Time: _____

Email: _____

Phone Number: _____

Credit Card Information:

Credit Customer

Card Type: _____

Debit or Credit Card: _____

CC# _____

Expiration: _____

3 Digit Code: _____

Name as it appears on card: _____

Billing Address: _____

City: _____ State _____ Zip _____

I authorize The Bouback Group LLC. Dba. Power Combat Fitness to charge my credit or debit card on the 10th day of every month for Byron for my monthly membership dues unless I cancel my membership prior to the 10th day. This is not a contract for membership. All members that start in the middle of the billing cycle will be charged \$2.00 per day for the remainder of the days in the current billing cycle. Notification of non- renewal of agreement must be done prior to the 10th day of every month. Call 815-505-5827 or email powercombatfitness@gmail.com

Signature: _____ Date _____