



“Welcome to Your Foundation”

WF Athletics Medical Questionnaire

All personal information will be kept confidential and will only be used by WF Athletics to assist in the management of your performance enhancement.

Name: _____ Date: _____

Phone _____ Date of Birth: ____/____/____ Sex: M / F

Are you currently taking in medications? Y or N

- 1. _____
- 2. _____
- 3. _____

Are you currently seeing a physician for any medical care or therapy? Y or N

If yes, please describe:

Are you currently experiencing problems with past injuries? Y or N

If yes, please describe:

Please list any surgeries you have had in the past

Date:

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

Anything else you would like to tell us about your fitness goals:

