



# New Student Health Status Questionnaire

Please complete each question accurately to the best of your knowledge. All information is confidential under HIPPA & Privacy Act 1974.

**Name :**

**Address :**

**Phone :**

**Email Address:**

**MTA Member # (If applicable) :**

**Emergency Contact :**

**Phone:**

Please indicate any of the following for which you have been diagnosed or treated by a physician or health professional:

- |             |              |                     |                      |
|-------------|--------------|---------------------|----------------------|
| Anemia      | Emphysema    | Heart Problem       | Obesity              |
| Asthma      | Epilepsy     | High Blood Pressure | Rheumatoid Arthritis |
| Back Strain | Eye Problems | Hypoglycemia        | Stroke               |
| Cancer      | Gout         | Low Blood Pressure  | Ulcer                |
| Diabetes    | Hearing Loss | Neck Strain         | Vertigo              |

Other:

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Please indicate any surgeries or operations you have had:

- |        |       |           |        |       |      |      |
|--------|-------|-----------|--------|-------|------|------|
| Back   | Heart | Kidney    | Eyes   | Joint | Neck | Ears |
| Hernia | Lung  | Caesarian | Other: | <hr/> |      |      |

Please indicate any medications taken in the last 6 months:

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Please indicate if you have had any of the following symptoms recently:

Coughing up blood	Leg pain	Swollen joints
Severe abdominal pain	Arm or shoulder pain	Fainting
Low back pain	Chest pain	Other:
Breathless with slight exertion	Dizziness	

Do you exercise regularly? Y / N

If so, what types of exercise do you do?

Walking	Dance/Zumba	Hiking
Strength	Yoga	Surfing/SUP
Crossfit	Cycling	Pilates
Swimming	Tennis/Pickleball	Other

Has your doctor cleared you for general exercise? Y / N

Please indicate any other information to your health condition that may be important for the fitness instructor to know:

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#### GROUP FITNESS CLASS WAIVER

I have agreed to participate in AlohaFit Mililani (Moria Nisbet)'s group fitness class. The activities of the group fitness class include strength training, running, agility drills, jumping, intense cardiovascular activities and flexibility training. I understand that incorrect performance of exercises can lead to injury, and I commit to ask for assistance for any exercise I am unsure of how to perform safely.

Acknowledgment is hereby made that the activities of the classes may require me to spend time outside in the heat, as well as inside. I further acknowledge that there are risks involved in participating in bootcamp. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, my physical condition, equipment, actions of other people including, but not limited to, participants, volunteers, poor nutrition and lack of hydration.

In consideration of my being accepted into the program, I agree to release and discharge AlohaFit Yoga & Fitness, Mililani Town Association, and any of its employees, volunteers and supervisors, host facility and owners, owners of AlohaFit Yoga & Fitness, Moria Nisbet, from any injuries sustained by me as a result of participation in this program.

I agree to indemnify and hold harmless, AlohaFit Yoga & Fitness, and any of its employees, volunteers and supervisors, facilities and owners against any liability incurred as a result of such injury or loss.

Fitness activities and programs require that I be in good health and have no condition that could endanger my wellbeing through participation. I will notify AlohaFit Yoga & Fitness of any such defects in writing prior to enrolling in this program.

The undersigned agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of myself.

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Signature of Student

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Date

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Signature of Student's Parent/Guardian (If under 18)