

Luongo Conditioning
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PRE-EXERCISE SCREENING FORM

Name: _____ Age: _____

Address: _____ Postal Code: _____

Phone No.: _____ Alternate No.: _____

E-mail Address: _____

Mother's Name: _____ Father's Name: _____

What are your reasons for starting an exercise program? Please Check ()

- | | | | |
|--|-----|---------------------------|-----|
| a) training for sports | () | b) to lose weight | () |
| c) general muscle toning | () | d) to gain weight | () |
| e) to gain/improve cardio-vascular endurance | () | f) to improve flexibility | () |
| h) to increase muscle size | () | g) to gain strength | () |
| i) other (please specify) | | | |

What sport would you like to train for? _____

Are you currently active? _____

What activities are you currently involved in? _____

How often are you active per week? Sport and other activities combined _____

Total Hours/Week: _____

over.....