

	motivated are you to achieve	our fitness goals?		
(10 = I'm willing to do whatever	it takes; 1 = I'm being forced to			
	ble timeline to achieve your fitn			
-	Yr			Mos
What would increase your moti motivation?	ivation to achieve your fitness g	oals? What would	decrease	your
The majority of individuals who limitations. Marina Athletic res disclosed herein that suggests or remain confidential unless writtens.	serves the right to defer to the nor demands further evaluation.	nedical communit All information is	y any cond	ition
Client Signature		Date		
Client Signature	STAFF USE ONLY	Date		
	STAFF USE ONLY	Date Date		
Evaluator Name	STAFF USE ONLY Blood Pressure		/	
Evaluator Name Heart Rate			/	Low
Evaluator Name Heart Rate Risk Category	Blood Pressure High	Date	/ Yes	Low No
Evaluator Name Heart Rate Risk Category Will a medical clearance be req	Blood Pressure High	Date	/ Yes	
Evaluator Name Heart Rate Risk Category Will a medical clearance be req Assigned Trainer Name First Session Date	Blood Pressure High	Date	/ Yes	