

THE PILATES CERTIFYING CENTER @ TRDANCE

MEDICAL HISTORY

Please attach additional sheets if needed

Are you taking any medications? If so, please list: _____

Do you have any injuries or conditions that would prevent you from completing the rigors of the certification program? _____

Please list any major surgeries including the dates: _____

Is there a history of heart trouble in the family? _____

Emergency Contacts

Name _____

Address _____

Phone _____ Cell _____

Relationship _____