Medical Update Form

Client Name: _____ Date:_____

List your current medical conditions:

_____

_____

_____

_____

_____

_____

List any recent surgeries (since last medical history form):

_____

_____

_____

_____

List your current medications:

_____

_____

_____

_____

_____

Contact Info for your current emergency contact:

_____

If any information on this sheet changes, please notify your trainer within two weeks!