

Personal Information

*Name: _____

*Phone number: _____

*Date of birth: ____/____/____

*Gender:

- Male
- Female

*Height: _____ cm

*Weight: _____ kg

Estimate your aerobic fitness:

- Poor: I don't exercise or I exercise very little
- Moderate: I exercise occasionally / randomly
- Good: I exercise regularly including some high intensity exercise
- Top-level: I am a competitive athlete

Job classification:

- | | |
|--|---|
| <input type="checkbox"/> Armed forces occupations | <input type="checkbox"/> Professionals |
| <input type="checkbox"/> Clerical support workers | <input type="checkbox"/> Service and sales workers |
| <input type="checkbox"/> Craft and related trades workers | <input type="checkbox"/> Skilled agricultural, forestry and fishery workers |
| <input type="checkbox"/> Elementary occupations | <input type="checkbox"/> Technicians and associate professionals |
| <input type="checkbox"/> Managers | <input type="checkbox"/> Not defined |
| <input type="checkbox"/> Plant and machine operators, and assemblers | |

Describe your typical physical activity.

If you have long-term medications or illnesses, write them down here. Some medications affect the heart rate and result analysis. That is why mentioning them is important.

Other notes:
