

Athlete's History



Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (Day) _____ (Evening) _____ Fax: _____

Sex: M F D.O.B.: _____

General Triathlon History

Date first triathlon completed? _____ Number of triathlons completed? _____

Longest completed: _____ Date: _____ Distance: (s) _____ (b) _____ (r) _____ Time: _____

Best Olympic Distance (1.5k, 40k, 10k) Event Name: _____ Date: _____ Time: _____

Have you ever completed an Ironman (2.4mi, 112mi, 26.2mi)? Y N

Event Name: _____ Date: _____ Time: _____

Which of the three single sports is your Strongest? _____ Weakest? _____

Do you train with a heart rate monitor? Y N Do you strength train? Y N

Do you have any persistent or recurring injuries? Y N

Please list: _____

In the following table, fill in the total time available to train per day in the given activities during a typical week.

	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Swim							
Bike							
Run							
Strength							

In the following table, fill in your current training schedule. Using the symbols H (hard), M (medium), E (easy) to indicate the level of intensity (e.g. 1 hour H = 1 hour hard):

	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Swim							
Bike							
Run							
Strength							

Any additional information, i.e. additional athletic background? (attach additional pages if needed)

What are your short- and long-term goals for this and/or next season (include your "A" and "B" races)?

General Medical History

Name: _____ Age: _____ D.O.B.: _____

Sex: _____ Height: _____ Weight: _____ Weight one year ago: _____

Resting Blood Pressure: _____ Resting Heart Rate: _____

Please list any current medical conditions (i.e., heart condition, diabetes, asthma, etc.).

_____	_____
_____	_____
_____	_____

Please list any prescription medications you are currently taking.

List any injuries to:

Bones: _____ When: _____

Joints: _____ When: _____

Muscles: _____ When: _____

Did you receive treatment? Y N

What aggravates this/these condition(s)?

Is there anything I should know about that might affect your ability to follow a training program safely?