

# Health Profile Request

Date: **[Insert Date]**

To: **[Recipient's Name]**

[Fitness Center Name]

[Fitness Center Address]

Dear **[Recipient's Name]**,

We hope this message finds you well. As part of our commitment to providing a safe and effective workout environment for all our attendees, we are requesting that you complete a detailed health profile.

This health profile will assist us in understanding any medical conditions, fitness levels, and personal goals you may have. Please provide the following information:

- Full Name
- Age
- Medical Conditions (if any)
- Current Medications
- Fitness Goals
- Any Previous Injuries
- Emergency Contact Information

Please return the completed health profile by **[Insert Due Date]** to ensure your participation in our programs. All information will be kept confidential and used solely for the purpose of tailoring our services to better meet your needs.

Thank you for your cooperation. If you have any questions, feel free to reach out to us at **[Insert Contact Information]**.

Sincerely,

**[Your Name]**

[Your Position]

[Fitness Center Name]