

# ACTING FITNESS FORM

Your Name

Email Address

Do you have any health conditions we should know about?

Are you taking any medications that will prevent your participation in physical exercise?

Which one of these exercises can you perform for 5 minutes or more without stopping?

- Cycling
- Jump Roping
- Running
- Dancing
- Quick walking
- All of the above

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For how long can you stand on one leg ?

Can you touch your toes sitting down?

Can you touch your toes sitting standing up?

Can you hear a whisper one meter away?

How many sit ups can you do?

How many push ups can you do?

Can you blow out a match held six inches in front of your mouth?

What exercise do you engage in daily? / Weekly?

PLEASE FILL OUT AS MUCH AS YOU CAN.