

Pre-Activity Health/Fitness Assessment

Date: _____

Name: _____

Home Address: _____ Phone: _____ Email: _____

DOB: _____ Age: _____ Weight: _____ Height: _____ Gender: M/F

In case of emergency notify: _____

Part I: Par Q

- | | <u>Yes</u> | <u>No</u> | <u>Unsure</u> |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|
| 1. Have you ever been diagnosed with heart trouble? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Do you frequently suffer from pains in your chest? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Do you often feel faint or have spells of severe dizziness? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Has a doctor ever said your blood pressure was too high? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Has a doctor ever told you that you have a bone or joint problem that has been aggravated by exercise, or might be made worse with exercise? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Is there a good physical reason that has not been mentioned above that would limit your participation in a program of activity in any way? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. Are you over the age of 65 and not accustomed to vigorous exercise? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Part II: Coronary Risk Factor

- | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|
| 8. Do you have known elevated blood pressure (>160/90)?
What is your current blood pressure? _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. Do you have known elevated cholesterol levels?
(ratio < 5 or total > 200 mg/dl)?
What is your current cholesterol level? Total _____ Ratio _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. Has a direct blood relative (parent or sibling) had heart trouble prior to age 55? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. Do you have diabetes? If yes, Type I or II? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. Do you smoke? If yes, how many cigarettes, cigars, or pipes per day? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Notes:

Part III: Cardiopulmonary or Metabolic Risk Factors

Yes No Unsure

13. Do you have unaccustomed shortness of breath or Shortness of breath with mild exertion?

14. Do you often wake suddenly from sleep with difficulty breathing (paroxysmal nocturnal dyspnea)?

15. Do your ankles swell regularly?

16. Do you or have you ever experienced palpitations, tachycardia, or an irregular heart beat?

17. Did you ever, or do you presently, have a heart murmur?

18. While performing any kind of exercise or work, have you experienced pain, pressure, or a "squeezing" sensation in your chest?

19. Are you aware of any impaired blood flow to or pain in your legs (claudication)?

Part IV: - Other

20. Do you have any respiratory problems? (Difficulty breathing, asthma, bronchitis, chronic or re-occurring coughs)?

21. Do you have any gastro-intestinal problems requiring on-going treatment?

22. Are you >25% body fat male or >30% body fat female?

23. Do you have any muscle, joint, or back problems which might be irritated by exercise including but not limited to the following (please detail any of the conditions on the reverse)?

a. Arthritis _____

h. Ankle/foot injury _____

b. Nerve Damage _____

i. Knee/thigh injury _____

c. Calcium deposit _____

j. Shoulder injury _____

d. Wrist injury _____

k. Upper back injury _____

e. Hand injury _____

l. lower back pain _____

f. bone fracture _____

m. Tennis elbow _____

g. Head/neck injury _____

n. Hip/Pelvis injury _____

24. Do you have a chronic illness? If yes, please explain.

25. Are you pregnant?

26. Are you on any medications, including aspirin and cold medicines?

<u>Name</u>	<u>Purpose</u>	<u>Dosage</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Part IV: - Other (continued)

27. When was your last thorough examination? Date _____

28. Have you ever had a treadmill or other type of exercise test?
If yes, what were the results?

29. Do you currently exercise regularly?

Type	Duration	Sessions/Week	Intensity (1-10)

30. Please complete the following sentences:

a. The main reason (s) I want to exercise are:

b. The primary obstacles that keep/have kept me from participating in a regular fitness program are/have been:

Part V – Classification (For instructor use only)

Based on the questions above you have been categorized, according to the American College of Sports Medicine stratification system, as (circle on category):

- CATEGORY A No "yes" response to PAR Q
No more than one major coronary risk
No symptoms of CP or metabolic disease
- CATEGORY B One or more "yes" response to PAR Q
Two or more major coronary risks.
One or more symptoms of CP or metabolic disease
- CATEGORY C Those with known cardiac, pulmonary, or metabolic disease
- CATEGORY D Category "A", age 40+ male or 50+ female, intending to start a vigorous program of exercise

Part VI – Recommendations: (for instructor use only – circle one)

1. See your physician prior to beginning any program of exercise.
2. Have an exercise stress test and exercise only under the supervision of an exercise specialist/fitness professional.

By signing below I acknowledge having answered the preceding questions to the best of my ability. I understood all of the questions asked of me and have been given the opportunity to have nay of my concerns clarified to my satisfaction. I further understand that through thorough and honest responses to these questions are essential to my safety and to ensure prudent recommendations from my personal trainer.

Client's Signature

Date

Personal Trainer's signature

Date

Part VII: Agreement

1. I, _____, retain you to render consulting services in the development of an exercise program for me. In consideration of such services I shall pay \$ _____ per session. The duration of each aforementioned session shall be 60 (minutes).

2. I understand that I may cancel any appointment with my trainer by giving _____ him/her 24 hours notice. I also understand that failure to provide 24 hours cancellation will result in my being charged my full session fee.

3. I understand that this agreement may be extended as required by mutual agreement between myself and my trainer.

By signing below I understand and agree to the terms in Part VII.

Signature

Date

Part VIII -Explanation, risks, confidentiality, & enquiries

1. **Explanation of the sessions** – The exercise session you will become involved in will follow progressive exercise levels and will be regulated by your personal trainer. The session may consist of aerobic type of activities (rhythmical exercises which utilize large muscle groups for sustained periods of time) such as jogging, cycling, swimming, and circuit interval training, weights, stair climbers, as well as other similar activities. These exercise activities are designed to place a gradually increasing work load on the body and thereby its functioning although no guarantee of improvements can be made. During the exercise sessions you may experience local muscular soreness and slight fatigue. These minor _____ discomforts may appear in the early stages of the program. However, as the conditioning process continues with regular attendance in the exercise sessions, they should disappear.

_____ Initials

2. **Risk and discomforts of the exercise sessions:** The reaction of the cardiovascular system to such activities cannot always be predicted with complete accuracy. Therefore, there is the risk of certain changes occurring during or following the exercises. These changes include abnormalities of blood pressure or heart rate, and in rare instances, cardiac complications. A physician will not be present during these exercise sessions, however, instruction regarding signs and symptoms of adverse reactions or response to exercise will be provided before participating in the exercise session. Should you observe any adverse signs or symptoms, they should be reported and _____ appropriate modifications in the exercise regimen. _____ will take place. Every effort will be made to avoid any adverse reactions by the client's entrance interview, the health/medical questionnaire, and by the observation during the exercise sessions. Personnel trained in emergency first aid will be available to deal with and minimize the risk of unexpected events, should they occur.

_____ Initials

3. **Confidentiality:** The information based on the observations made during the exercise sessions is _____ treated as privileged and confidential. However, it may be used for statistical or scientific purpose with our right to privacy retained.

_____ Initials

4. **Enquiries:** You may refuse to participate now or stop at any time during the exercise session. It is YOUR decision. Before signing this form please feel free to ask any questions regarding any aspect of this program that may be unclear to you. Take as much time as necessary to think it over and if you wish, you may discuss your participation with your doctor.

_____ Initials

I have read the above and do consent to participate in the private training.

Signature

Date

Trainer

Date