

## Contact Information

Full name: \_\_\_\_\_

Address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

Work phone: \_\_\_\_\_

Email: \_\_\_\_\_

Home phone: \_\_\_\_\_

I prefer to be contacted/at: \_\_\_ Office \_\_\_ Home

How did you hear about us/recommended by: \_\_\_\_\_

Date: \_\_\_\_\_

## HEALTH APPRAISAL & FITNESS TESTING

Name: \_\_\_\_\_

**a) CDA RISK FACTORS:** (do you have/suffer from any of the following)

- Smoking \_\_\_\_\_ YES \_\_\_\_\_ NO
- High Blood Pressure \_\_\_\_\_ YES \_\_\_\_\_ NO
- High Cholesterol \_\_\_\_\_ YES \_\_\_\_\_ NO
- High Blood Glucose Levels \_\_\_\_\_ YES \_\_\_\_\_ NO
- Are you overweight \_\_\_\_\_ YES \_\_\_\_\_ NO
- Family History of heart disease \_\_\_\_\_ YES \_\_\_\_\_ NO
- Lack of Exercise \_\_\_\_\_ YES \_\_\_\_\_ NO

**Signs & Symptoms Suggestive CDA**

- Chest pain \_\_\_\_\_ YES \_\_\_\_\_ NO
- Shortness of breath \_\_\_\_\_ YES \_\_\_\_\_ NO
- Dizziness \_\_\_\_\_ YES \_\_\_\_\_ NO
- Orthopnea or Paroxysmal nocturnal Dyspnea \_\_\_\_\_ YES \_\_\_\_\_ NO
- Ankle edema \_\_\_\_\_ YES \_\_\_\_\_ NO
- Palpitations or tachycardia \_\_\_\_\_ YES \_\_\_\_\_ NO
- Intermittent claudication \_\_\_\_\_ YES \_\_\_\_\_ NO
- Heart murmurs \_\_\_\_\_ YES \_\_\_\_\_ NO
- Unusual Fatigue \_\_\_\_\_ YES \_\_\_\_\_ NO

**b) MEDICAL:**

- When was your last full medical? \_\_\_\_\_
- Are you taking any medication/drug? \_\_\_\_\_
- Do you consume more than 7 units of alcohol per week? \_\_\_\_\_ YES \_\_\_\_\_ NO
- Do you suffer from any regular aches, joint or muscle pain, and injuries? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If yes specify: \_\_\_\_\_

**c) EXERCISE HISTORY AND ATTITUDE**

- What is your present Activity Level?
  - 20% Sedentary: rarely works out, job involves little movement
  - 30% Light: Sedentary job but works out a few times a week OR more active job but Does not work out.
  - 40% Moderate: Somewhat active job and works out regularly.
  - 50% Heavy: Rare, very active job, constant physical labor OR long distance aerobic Athlete.

- How long have you been exercising regularly?  
\_\_\_\_\_
- Where you a high school and/or college athlete? \_\_\_\_\_ YES \_\_\_\_\_ NO
- Do you have any negative feelings toward, or have you had any bad experience with, Physical activity programs or fitness testing evaluation?  
\_\_\_\_\_ YES \_\_\_\_\_ NO
- Rate your self from a scale of 1 to 5 (1 indicating the lowest value and 5 the highest)
 

When you exercise, how important is competition?	1	2	3	4	5
Characterize your present cardiovascular capacity.	1	2	3	4	5
Characterize your present muscular capacity.	1	2	3	4	5
Characterize your present flexibility capacity.	1	2	3	4	5
- Do you start exercise programs but then find yourself unable to stick with them?  
YES \_\_\_\_\_ NO \_\_\_\_\_
- How much time are you willing to devote to an exercise program?  
\_\_\_\_\_ Minutes/day \_\_\_\_\_ days/week
- Are you currently involved in regular (cardiovascular) exercise?  
YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes specify type of exercise and for how long per day and week \_\_\_\_\_
- What other exercise, sports, or recreational activities have you participated in?  
In the past 6 months? \_\_\_\_\_  
In the past 5 years? \_\_\_\_\_
- What type of exercise interests you?
 

___ Walking	___ Jogging	___ Other aerobic
___ cycling	___ Traditional aerobics	___ Strength training
___ Stationary biking	___ Elliptical striding	___ Racquet sports
___ Stair climbing	___ swimming	___ Yoga/Pilates

d) Rank your goals in undertaking exercise:

What do you want exercise to do for you? \_\_\_\_\_

Use the following scale to rate each other goal separately:

NOT AT ALL			SOMEWHAT				EXTREMELY		
IMPORTANT			IMPORTANT				IMPORTANT		
1	2	3	4	5	6	7	8	9	10

- a) Improve cardiovascular endurance \_\_\_\_\_
- b) Body-fat weight loss \_\_\_\_\_
- c) Weight loss in pounds \_\_\_\_\_
- d) Reshape or have more muscular definition \_\_\_\_\_
- e) Improve performance for a specific sport \_\_\_\_\_
- f) Improve moods and ability to cope with stress \_\_\_\_\_
- g) Improve flexibility \_\_\_\_\_
- h) Increase muscle strength \_\_\_\_\_
- i) Increase energy level \_\_\_\_\_
- j) Feel better \_\_\_\_\_
- k) Enjoyment \_\_\_\_\_
- l) Other \_\_\_\_\_

- By how much would like to change your current weight?  
 (+) \_\_\_\_\_ lbs (-) \_\_\_\_\_ lbs no change on weight \_\_\_\_\_

- In what frame of time do you expect to reach your main fitness goals?  
 \_\_\_\_\_ Months \_\_\_\_\_ weeks want a permanent lifestyle change \_\_\_\_\_

d) SCHEDULING PREFERENCES

- Weekdays: Mon: \_\_\_\_\_ Tues: \_\_\_\_\_ Wed: \_\_\_\_\_ Thurs: \_\_\_\_\_ Fri: \_\_\_\_\_  
 Earliest Time to start: \_\_\_\_\_ Latest Time to finish: \_\_\_\_\_
- Weekend days: Sat: \_\_\_\_\_ Sun: \_\_\_\_\_
- Scheduling Notes: \_\_\_\_\_

## Physical Activity Readiness Questionnaire

(A questionnaire for people aged 15 to 69) IF OVER 69 YEARS OF AGE A MEDICAL CLEARANCE IS REQUIRED

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active. If you are planning to become more physically active than you are now, start by answering the seven questions in the box below.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly YES or NO.

**1) Has your doctor ever said that you have a heart condition and that you should only do physical?**

Activity recommended by a doctor? Clarification – Persons with known heart disease are at an increased risk for cardiac complications during exercise. They should consult a physician and undergo Exercise testing before starting an exercise program. The exercise prescription should be formulated in accordance with standard guidelines for cardiac patients. Medical supervision may be required during exercise training. **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**2) Do you feel pain in your chest when you do physical activity? YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**3) In the past month, have you had chest pain when you were not doing physical activity?**

Clarification – A physician should be consulted to identify the cause of the chest pain, whether it occurs at rest or with exercise. If ischemic in origin, the condition should be stabilized before starting an exercise program. Exercise testing should be performed with the patient on his or her usual Medication and the exercise prescription formulated in accordance with standard guidelines for cardiac Patients. Medical supervision may be required during exercise training. **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**4) Do you lose your balance because of dizziness or do you ever lose consciousness? Clarification –**  
A physician should be consulted to establish the cause of these symptoms, which may be related to Potentially life-threatening medical conditions. Exercise training should not be undertaken until serious Cardiac disorders have been excluded. **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**5) Do you have a bone or joint problem that could be made worse by a change in physical activity?**

Clarification – Existing musculoskeletal disorders may be exacerbated by inappropriate exercise Training. Persons with forms of arthritis known to be associated with a systemic component (for Example rheumatoid arthritis) may be at an increased risk for exercise-related medical complications. A physician should be consulted to determine whether any special precautions are required during Exercise training. **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**6) Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart?**

Condition? Clarification – See question 1. Medication effects should be considered when formulating The exercise prescription. A physician should be consulted to determine whether the condition or factor Requires special precautions during exercise training or contraindicates exercise training. **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**7) Do you know of any other reason why you should not do physical activity? Clarification – The**

Exercise prescription may have to be modified in accordance with the specific reason, a physician may Have to be consulted. **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

If a person answers yes to any question, exercise or exercise testing may have to be postponed. Medical Clearance may be necessary.

NOTE: If the PAR-Q is given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

I have read, understood, and completed this questionnaire. Any questions I had were answered to my full satisfactions.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Assumption of Risk and General Liability Release

**I ACKNOWLEDGE THAT BY SIGNING THIS DOCUMENT, I FREELY ACCEPT AND VOLUNTARILY ASSUME ALL RISK OF PERSONAL INJURY OR PROPERTY DAMAGE AND I AM RELEASING MICHAEL EVERTS, FIT AND ITS AGENTS AND EMPLOYEES FROM LIABILITY. THIS RELEASE IS A CONTRACT WITH LEGAL CONSEQUENCES. I HAVE BEEN ADVISED TO READ IT CAREFULLY BEFORE SIGNING.**

I acknowledge that a physical fitness training program in its various forms has possible risks of injury and fully realize the danger associated with working-out at a gym and **I HEREBY WAIVE, RELEASE, DISCHARGE, HOLD HARMLESS, AND PROMISE TO INDEMNIFY AND NOT TO SUE FIT OR ITS EMPLOYEES. I FULLY ASSUME THE RISKS ASSOCIATED WITH SUCH PARTICIPATION INCLUDING**, by way of example, and not limitation, the following: the dangers of soreness and muscle tear, coronary risk factors and any aspects of my health history that might increase my risk of injury or death, equipment failure and conditions on or about the premises and facilities, **THE RELEASEES' OWN NEGLIGENCE**, and the possibility of serious physical and/or mental trauma or injury associated with lifting weights, dieting, and exercising; I am accepting myself the full responsibility for any and all such damage or injury of any kind which may result.

**I FURTHER RECOGNIZE THAT NO REPRESENTATIONS OR GUARANTEES ARE BEING MADE TO ME BY FIT OR MICHAEL EVERTS AS TO MY OWN PROFICIENCIES, GOAL ATTAINMENT OR MY ABILITIES TO ENGAGE IN SIMILAR ACTIVITIES WITHOUT SUFFERING INJURY IN THE FUTURE.**

The terms hereof shall bind my heirs, executors, administrators, legal representatives, and assigns, and shall serve as an assumption of risk and general release for my training at FIT with Michael Everts and the rest of the FIT staff. The terms are binding and are not mere recitals, and that should I or my successors assert my claim in contravention of this agreement, the asserting party shall be liable for the expenses (including legal fees) incurred by the other party or parties in defending, unless the other party or parties are finally adjudged liable on such claim for willful and wanton negligence. This agreement may not be modified orally, and a waiver of any provision shall not be construed as a modification of any other provision herein or as a consent to any other provision herein or as a consent to any subsequent waiver or modification.

Every term and provision of this agreement is intended to be severable. If any one or more of them is found to be unenforceable or invalid, that shall not affect the other terms and provisions, which shall remain binding and enforceable.

WITNESS my hand this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

Signature: \_\_\_\_\_ (Print Name): \_\_\_\_\_









