

FitTec Personal Training

Name:

Email:

Do you now, or have you had in the past any of the following:

Circle if yes

1. History of heart problems, murmurs, palpitations, chest pain, or stroke?
2. Advice from a physician not to exercise?
3. High blood pressure?
4. Diabetes or thyroid condition?
5. High blood cholesterol (specify how much)?
6. History of heart problems in family (parents & siblings, list those with problems)?
7. Cigarette smoking habit (specify how much a day)?
8. History of breathing or lung problems (asthma)?
9. Muscle, joint (arthritis), sciatica, low back disorder, or any previous injury still affecting you?
10. Any chronic illness or condition?
11. Pregnancy (now or within the last 12 months)?
12. Obesity (over 20 % of ideal weight)?
13. Recent surgery (last 12 months)?
14. Difficulty with exercise?
15. Hernia, or any other condition that may be aggravated by lifting weight?
16. Dizziness or fainting spells?
17. Any physical limitation?
18. Do you take any medications that will affect you when exercising (if yes please specify)?

Please explain any yes answers, use back if necessary?

Physical Fitness Testing and Training Consent

• Objectives:

I understand that the tests that are about to be administered to me are for the purpose of determining my physical fitness status, which may include heart, lung, and blood vessel capacities for whole body activity, body composition (ratio of body fat to muscle, bone, and water), muscular endurance and strength, and joint flexibility.

• Explanation of Procedures:

I understand that the tests which I will undergo maybe performed on a treadmill, bicycle, or steps. The tests are designed to increase the demands on the heart, lung, and blood vessel system. This increase in effort will continue until semi-exhaustion or other symptoms prohibit further exercise. During the test, heart rate will be periodically measured. Body composition will be determined through use of skinfolds and tape measure to determine levels of body fat versus fat-free weight, some parts of the body needs to be exposed and pinched with a caliper and measured with tape. Muscular endurance and strength will be determined through use of body calisthenics and/or equipment. The sit-and-reach test and other stretch tests will be used to determine the flexibility.

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- Description of Potential Risks:

I understand that there exists the possibility that certain abnormal changes may occur during the testing and any training. These changes could include abnormal heart beats, abnormal blood pressure response, various muscle and joint strains or injuries, and in rare instances, heart attack. Professional care throughout the entire testing process should provide appropriate precaution against such problems.

- Benefits to be expected:

I understand that the results of these tests and training will aid in determining my physical fitness status, and determining potential health hazards. These results will facilitate a better individualized fitness analysis.

I have read the forgoing information and understand it. Questions concerning these procedures and training have been answered to my satisfaction. I also understand that I am free to deny answering any questions during the evaluation process or to withdraw consent and discontinue participating in any procedures or training. I have also been informed that the information collected is confidential and will not be disclosed to anyone other than my physician or others who are involved in my care or exercise prescription without my permission. However I am in agreement that the information from these tests not identifiable to me can be used for research purposes.

PARTICIPANT'S

SIGNATURE_____ DATE_____

History

What best describes your ethnicity (body composition purposes).

What best describes your current strength program.

What best describes your current aerobic program.

Describe your past strength experiences.

Describe your past aerobic exercise experiences.

What are your goals (circle)

* muscle mass * definition * tone * strength * fitness * athletic * heart health

* decrease body fat

Others: _____

Dietary Intake

Fat: * no fat * moderate fat * high fat

Protein: * low protein * moderate protein * high protein

Carbohydrate: * low carbs * moderate carbs * high carbs

Fiber: * low fiber * moderate fiber * high fiber

Sugar: * low sugar * moderate sugar * high sugar

Describe your current dietary practices:

How many meals do you eat a day?

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How many meals would you like to eat a day?

What supplements if any do you use?

Caloric expenditure

Roughly how many hours a day do you sleep: _____

sit or stand still: _____

perform light activities (driving a car, walking slowly): _____

perform light exercise (cleaning, walking normally): _____

perform moderate exercise (fast walking, dancing, bicycling, cleaning vigorously): _____

perform heavy exercise (fast dancing, fast uphill walking, gymnastics, weightlifting): _____

perform very heavy exercise (running, stair climbing, jumping rope): _____

total hours (should equal 24) _____