

Health Record

Name:

Please check the **yes** or **no** column. Please explain any **yes** answers on the reverse of this form.

yes	no	
		1. History of heart problems, murmurs, palpitations, chest pain, or stroke?
		2. High blood pressure?
		3. Any chronic illness or condition, such as diabetes, MS, Parkinson's?
		4. Advice from a physician not to exercise?
		5. High blood cholesterol (specify how much)?
		6. History of heart problems in family (parents and siblings, list those with problems and age at onset)
		7. Cigarette smoking habit (specify how many cigarettes 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. Diabetes or thyroid 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)?

Physical Fitness Testing Consent

Objectives

I understand that the tests that are about to be administered to me are for the purpose of determining my physical 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 that I will undergo may be 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 flexibility.

Description of Potential Risks

I understand that there exists the possibility that certain abnormal changes may occur during the testing. These changes could include abnormal heart beats, abnormal blood pressure, 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 will aid in determining my physical fitness status, and determining potential health hazards. These results will facilitate a better individualized fitness analysis.

Physician Consent

Physician clearance is recommended at or above the age of 40 in men and 50 in women before testing. Physician clearance before testing is also recommended in individuals with two or more coronary risk factors and/or symptoms of cardiopulmonary disease, chronic orthopedic problems, and disease. Physician clearance is recommended in any case where you think there may be a problem.

Signature

I have read the foregoing information and understand it. Questions concerning these procedures 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. 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 (see permission to disclose information). However, I am in agreement that the information from these tests not be identifiable to me can be used for research purposes. Please sign and date.

PARTICIPANT: _____

DATE: _____

If test results are at the advanced level or beyond I would like my data posted in the APTA newsletter and/or web site for recognition purposes and to inspire others to achieve levels that I have.

Data Listing

Choose data listing option by circling one of the following:

1. Full listing of my name results, city, and state.
2. No listing of my name by list serial number, results, city, and state.
3. Serial number and results. Please sign and date if you want one of the data listing options.

PARTICIPANT: _____

DATE: _____

Fitness Evaluation Datasheet

Client

Name (first)		State	
Name (last)		Postal code	
Middle initial		Home phone	
Street address		Business phone	
City/town		Email	

Date – Test number	1	2	3	Test number	1	2	3
Trainer (initials)				Leg strength			
Test site				Weight (lbs.)			
Male=1, 2=female				Reps			
Age				Arm curl			
Weight (lbs.)				Weight (lbs.)			
Height (inches)				Reps			
Skinfolds (mm)				Muscular endurance reps			
Chest				Push-ups			
Triceps				Crunches			
Subscapular (back)				Box jumps			
Sacro-iliac (side)				Flexibility (inches)			
Abdomen				Mid-flexibility			
Thigh				Sit & reach test			
Lower back				Upper flexibility			
Calf				Shoulder rotation			
Aerobic tests (choose step, walk, or run tests)				Shoulder size			
Step height (inches)				Arm length			
Step metronome rate				Lower flexibility			
Step sub-maximal heart rate				Wall toe distance			
Step RPE				Miscellaneous data			
Walk time (minutes)				Systolic blood pressure			
Walk heart rate				Diastolic blood pressure			
Walk RPE				Heart rate			
Run time (minutes)				ATA use only			
Run heart rate				Dietary risk			
Run RPE				Family risk			
Strength tests				Smoking risk			
Bench press				Exercise risk			
Weight (lbs.)							
Reps							

Tester (fill-in address if not on file with AFTA)

Name (first)		State	
Name (last)		Postal code	
Middle initial		Home phone	
Street address		Business phone	
City/town		Email	

_____ Associate or fitness professional certifies with a signature that testing followed strict AFTA standards and that the examinee was free of any health problem.

Where would you like the data analysis sent?

- Tester
- Client

Test site: _____

Muscular Strength Evaluation Datasheet

Client

Name (first)		State	
Name (last)		Postal code	
Middle initial		Home phone	
Street address		Business phone	
City/town		Email	

Date – Test number	1	2	3	Test number	1	2	3
Trainer (initials)				Upright rows (lbs.)			
Test site				Upright rows (reps)			
Male=1, 2=female				Dumbbell rows (lbs.)			
Age				Dumbbell rows (reps)			
Weight (lbs.)				Leg press (lbs.)			
Height (inches)				Leg press (reps)			
Bench press (lbs.)				Triceps pushdowns (lbs.)			
Bench press (reps)				Triceps pushdowns (reps)			
Dumbbell Squats (lbs.)				Optional data for research purposes			
Dumbbell Squats (reps)				Skinfolds			
Arm Curls (lbs.)				Chest			
Arm Curls (reps)				Triceps			
Lat pulldown (lbs.)				Subscapular (back)			
Lat pulldown (reps)				Sacro-Iliac (side)			
Leg curls (lbs.)				Abdomen			
Leg curls (reps)				Thigh			
Leg extensions (lbs.)				Lower back			
Leg extensions (reps)				Calf			

Tester (fill-in address if not on file with AFTA)

Name (first)		State	
Name (last)		Postal code	
Middle initial		Home phone	
Street address		Business phone	
City/town		Email	

_____, Associate or fitness professional certifies with a signature that testing followed strict AFTA standards and that the examinee was free of any health problem.

Where would you like the data analysis sent?

- Tester
 Client

Test site: _____

Muscular Endurance Evaluation Datasheet

Client

Name (first)		State	
Name (last)		Postal code	
Middle initial		Home phone	
Street address		Business phone	
City/town		Email	

Date – Test number	1	2	3	Test number	1	2	3
Trainer (initials)				Optional data for research purposes			
Test site				Skinfolds			
Male=1, 2=female				Chest			
Age				Triceps			
Weight (lbs.)				Subscapular (back)			
Height (inches)				Sacro-iliac (side)			
Muscular Endurance Tests				Abdomen			
Push-ups (reps)				Thigh			
Crunches (reps)				Lower back			
Box jumps (reps)				Calf			
Pull-ups/Arm hangs (secs)							
Dips (reps)							

Tester (fill-in address if not on file with AFTA)

Name (first)		State	
Name (last)		Postal code	
Middle initial		Home phone	
Street address		Business phone	
City/town		Email	

_____ Associate or fitness professional certifies with a signature that testing followed strict AFTA standards and that the examinee was free of any health problem.

Where would you like the data analysis sent?

- Tester
 Client

Test site: _____

Aerobic Evaluation Datasheet

Client

Name (first)		State	
Name (last)		Postal code	
Middle initial		Home phone	
Street address		Business phone	
City/town		Email	

Date – Test number	1	2	3	Test number	1	2	3
Trainer (initials)				Run test			
Test site				Run time (minutes)			
Male=1, 2=female				Run heart rate			
Age				Run RPE			
Weight (lbs.)				Optional data for research purposes			
Height (inches)				Skinfolds			
Aerobic tests (choose one of the following tests)				Chest			
Step test				Triceps			
Step height (inches)				Subscapular (back)			
Step metronome rate				Sacro-iliac (side)			
Step sub-maximal heart rate				Abdomen			
Step RPE				Thigh			
Walk test				Lower back			
Walk time (minutes)				Calf			
Walk heart rate							
Walk RPE							

Tester (fill-in address if not on file with APTA)

Name (first)		State	
Name (last)		Postal code	
Middle initial		Home phone	
Street address		Business phone	
City/town		Email	

_____ Associate or fitness professional certifies with a signature that testing followed strict APTA standards and that the examinee was free of any health problem.

Where would you like the data analysis sent?

- Tester
 Client

Test site: _____

Power Evaluation Datasheet

Client

Name (first)		State	
Name (last)		Postal code	
Middle initial		Home phone	
Street address		Business phone	
City/town		Email	

Date – Test number	1	2	3	Test number	1	2	3
Trainer (initials)				Optional data for research purposes			
Test site				Skinfolds			
Male=1, 2=female				Chest			
Age				Triceps			
Weight (lbs.)				Subscapular (back)			
Height (inches)				Sacro-iliac (side)			
Power Tests				Abdomen			
Bench (weight)				Thigh			
Bench (reps)				Lower back			
Squat (weight)				Calf			
Squat (reps)							

Tester (fill-in address if not on file with APTA)

Name (first)		State	
Name (last)		Postal code	
Middle initial		Home phone	
Street address		Business phone	
City/town		Email	

_____ Associate or fitness professional certifies with a signature that testing followed strict APTA standards and that the examinee was free of any health problem.

Where would you like the data analysis sent?

- Tester
 Client

Test site: _____

Physique Evaluation Datasheet

Client

Name (first)		State	
Name (last)		Postal code	
Middle initial		Home phone	
Street address		Business phone	
City/town		Email	

Date – Test number	1	2	3	Test number	1	2	3
Trainer (initials)				Circumferences (inches)			
Test site				Shoulders			
Male=1, 2=female				Chest			
Age				Right arm			
Weight (lbs.)				Left arm			
Height (inches)				Waist			
Physique type				Buttock			
Bodybuilder				Right leg			
Sculpted				Left leg			
Athletic				Right calf			
Skinfolds (mm)				Left calf			
Chest				Nonmuscular circumferences (inches)			
Triceps				Knee			
Subscapular (back)				Wrist			
Sacro-iliac (side)				Ankle			
Abdomen				Forearm			
Thigh				Elbow			
Lower back							
Calf							

Tester (fill-in address if not on file with AFTA)

Name (first)		State	
Name (last)		Postal code	
Middle initial		Home phone	
Street address		Business phone	
City/town		Email	

_____ Associate or fitness professional certifies with a signature that testing followed strict AFTA standards and that the examinee was free of any health problem.

Where would you like the data analysis sent?

- Tester
 Client

Test site: _____