

## Personal Health Evaluation

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Name:

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Address:

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Telephone #:

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Email:

D/O/B:

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Date:

Time:

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Emergency Contact and Phone #

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*All information received on this form will be treated as strictly confidential in accordance with the Privacy Act of 1974.*

# Informed Consent

## 1. Purpose and explanation of procedure

The health evaluation is a measurement of your overall fitness well being.

The health evaluation will include the following:

A review of your health history, measurement of weight, percent body fat (optional), resting heart rate, flexibility assessment, functional movement screen, and a muscle strength and endurance assessment. A cardiovascular test will also be performed dependent upon the participant's level of fitness. While exercising, a trained observer will periodically monitor your performance and/or heart rate. I have been informed that while performing these series of tests, I have the right to stop the test at any time due to signs of fatigue, shortness of breath, chest discomfort, or any similar occurrences. We also maintain the right to stop the test at any time.

## 2. Risks

I understand and have been informed that there exists the possibility during exercise of adverse changes. They include abnormal blood pressure, fainting, disorders of heart rhythm, and in very rare instances heart attack or even death. Every effort will be made to minimize these occurrences by proper staff assessment and observation during exercise.

## 3. Benefits to be expected

The information obtained during the health evaluation will help gauge your fitness level and will be used to develop an effective, goal directed fitness program.

## 4. Confidentiality and use of information

I have been informed that the information obtained in the exercise program will be treated as privileged and confidential and will consequently not be released or revealed to any person without my express written consent. I do, however, agree to the use of any information for research and statistical purposes so long as the information does not lead to my identification. Only the program staff in the course of prescribing exercise for me and evaluating my progress in the program will use any other information obtained.

## 5. Inquiries and freedom of consent

I have read this form and I understand the test procedures that I will perform. I hereby consent to voluntarily engage in an acceptable plan of exercise conditioning. At any time, you are free to deny consent or participation if you so desire.

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Your signature

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Date

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Trainer signature

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Date

# Health History

Are you currently under the care of a physician? Yes No

If yes, please explain:

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Do you have any known contraindications relative to engaging in an exercise program? Yes No

If yes, please explain:

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Is your physician prescribing medication for a blood pressure or heart condition?

Yes No

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Are you Pre/Postnatal? Yes No

Please indicate if you have any of the following:

<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Osteoporosis
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Asthma	<input type="checkbox"/> Arthritis
<input type="checkbox"/> Pulmonary disease	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Back Pain
<input type="checkbox"/> Fam. History CHD	<input type="checkbox"/> Shortness of Breath	<input type="checkbox"/> Spine Disorder
<input type="checkbox"/> High Cholesterol	<input type="checkbox"/> Chest Pain	<input type="checkbox"/> Hernia
<input type="checkbox"/> Smoking	<input type="checkbox"/> Irregular Heart Rate	<input type="checkbox"/> Surgery
<input type="checkbox"/> Sedentary Lifestyle	<input type="checkbox"/> Sciatica	<input type="checkbox"/> Cancer

Other (Please Indicate):

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Medical Clearance: Yes No

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

Date of your last physical exam? \_\_\_\_\_

Emergency Contact: Ph. # \_\_\_\_\_

\*This information above is true, accurate, and reflects my current physical condition.

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Trainer

\_\_\_\_\_  
Date

## Personal Goals

What are your fitness goals? (check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> lose weight         | <input type="checkbox"/> tone and firm                 |
| <input type="checkbox"/> improve balance     |  |
| <input type="checkbox"/> feel better         | <input type="checkbox"/> relieve stress                |
| <input type="checkbox"/> healthier lifestyle |  |
| <input type="checkbox"/> increase energy     | <input type="checkbox"/> improve motivation            |
| <input type="checkbox"/> increase alertness  |  |
| <input type="checkbox"/> increase strength   | <input type="checkbox"/> stop smoking                  |
| <input type="checkbox"/> other               |  |
| <input type="checkbox"/> better posture      | <input type="checkbox"/> sports specific training      |
| <input type="checkbox"/> improve flexibility | <input type="checkbox"/> improve cardiovascular health |

What sports or activities do you enjoy?

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Have you ever worked with a Personal Trainer before?

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## Personal Training Par-Q (Physical Activity Readiness Questionnaire)

YES            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?

\_\_\_        \_\_\_ 2. Do you feel pain in your chest when you do physical activity?

\_\_\_\_\_ 3. In the past month, have you had chest pain when you were not doing physical activity?

\_\_\_        \_\_\_ 4. Do you lose your balance because of dizziness or do you ever lose consciousness?

\_\_\_        \_\_\_ 5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by change in your physical activity?

\_\_\_        \_\_\_ 6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?

\_\_\_        \_\_\_ 7. Are you pregnant or do you think you might be?

\_\_\_        \_\_\_ 8. Are you over 65 and not accustomed to vigorous exercise?

\_\_\_        \_\_\_ Is there any other reason why you should not do physical activity?

Reasons: \_\_\_\_\_