

FITNESS ASSESSMENT APPLICATION

THE ORU AEROBICS CENTER OFFERS FREE FITNESS ASSESSMENTS THAT MEASURE YOUR:

- RESTING & MAXIMUM HEART RATE
- BLOOD PRESSURE
- CARIOVASCULAR FITNESS
- FLEXIBILITY
- MUSCULAR STRENGTH & ENDURANCE
- GIRTH MEASUREMENTS
- BODY COMPOSITION
- BODY FAT PERCENTAGE

**BASED ON THESE ASSESSMENTS, COUPLED WITH YOUR FITNESS GOALS A FREE INDIVIDUAL EXERCISE PRESCRIPTION WILL BE DESIGNED ESPECIALLY FOR YOU.*

GENERAL INFORMATION

NAME: _____	TODAY'S DATE: _____
DATE OF BIRTH: _____	EMAIL: _____
ADDRESS: _____	
CITY/STATE/ZIP: _____	
CELL PHONE: _____	
WORK PHONE: _____	
EMERGENCY CONTACT: _____	PHONE: _____
PHYSICIAN'S NAME: _____	PHONE: _____

PLEASE CHECK YES OR NO TO THE FOLLOWING QUESTIONS.

	YES	NO
1) HAS YOUR DOCTOR EVER SAID THAT YOU HAVE A HEART CONDITION & THAT YOU SHOULD ONLY DO PHYSICAL ACTIVITY RECOMMENDED BY A DOCTOR?	<input type="checkbox"/>	<input type="checkbox"/>
2) DO YOU FEEL PAIN IN YOUR CHEST WHEN YOU DO PHYSICAL ACTIVITY	<input type="checkbox"/>	<input type="checkbox"/>
3) IN THE PAST MONTH, HAVE YOU HAD CHEST PAIN WHEN YOU WERE NOT DOING PHYSICAL ACTIVITY?	<input type="checkbox"/>	<input type="checkbox"/>
4) DO YOU LOSE YOUR BALANCE BECAUSE OF DIZZINESS OR DO YOU EVER LOSE CONSCIOUSNESS?	<input type="checkbox"/>	<input type="checkbox"/>
5) DO YOU HAVE A BONE OR JOINT PROBLEM THAT COULD BE MADE WORSE BY A CHANGE IN YOUR PHYSICAL ACTIVITY?	<input type="checkbox"/>	<input type="checkbox"/>
6) IS YOUR DOCTOR CURRENTLY PRESCRIBING DRUGS (FOR EXAMPLE, WATER PILLS) FOR YOUR BLOOD PRESSURE OR HEART CONDITION?	<input type="checkbox"/>	<input type="checkbox"/>
7) DO YOU KNOW OF ANY REASON WHY YOU SHOULD NOT DO PHYSICAL ACTIVITY?	<input type="checkbox"/>	<input type="checkbox"/>

SUGGESTED PRETEST INSTRUCTIONS

TO ASSURE THE BEST POSSIBLE ACCURACY OF THE INFORMATION OBTAINED FROM THE FITNESS ASSESSMENT, THE PARTICIPANT SHOULD FOLLOW THE INSTRUCTIONS LISTED BELOW:

WEAR COMFORTABLE, LOOSE FITTING CLOTHING CONSISTENT WITH EXERCISE. DRINK PLENTY OF FLUIDS OVER THE 24 HOUR PERIOD PRECEDING THE ASSESSMENT TO ENSURE NORMAL HYDRATION PRIOR TO THE ASSESSMENT. AVOID FOOD, TABACCO, ALCOHOL, CAFFEINE, & SUPPLEMENTS FOR AT LEAST 3 HOURS BEFORE ASSESSMENT. AVOID EXERCISE OR STRENUOUS PHYSICAL ACTIVITY THE DAY OF THE ASSESSMENT. GET AN ADEQUATE AMOUNT OF SLEEP (8 HOURS) THE NIGHT BEFORE THE ASSESSMENT.

SIGNATURE: _____ **DATE:** _____