



## FITNESS ASSESSMENT INFORMATION FORM

Thank you for participating in the fitness assessment service at the ISU Wellness Center. Before your appointment, please read through the information below. Also, please complete the Fitness Assessment Client Information form on the back side of this paper and bring it with you to your appointment. If you have any questions, please do not hesitate to contact the ISU Wellness Center at 282.2117.

### Fitness Assessment Preparation Guidelines

Please follow these important fitness assessment preparation guidelines. Following the guidelines increases the accuracy of your fitness assessment results.

- **BE HYDRATED and bring a bottle of water with you to your appointment.** Please drink as much as 64 oz. of fluid, preferably water, the day before your fitness assessment. If you are dehydrated, your body composition testing result is less likely to be accurate.
- **Please determine your resting heart rate (RHR);** we need it to complete the fitness assessment. If you do not know your RHR, please do the following **before your appointment**:
  - ♦ As soon as you wake up (preferably without alarm), take your pulse using your radial artery on your wrist (see image to the right) and count it for an entire minute. Do this several different mornings and take an average. We will ask you for your RHR during your fitness assessment.
  - ♦ Record your RHR in the space indicated on the Fitness Assessment Client Information form.
- Wear loose fitting, comfortable workout clothes and shoes; you will be doing physical activities.
- Avoid eating or drinking for three (3) hours before your fitness assessment.
- Avoid alcohol, tobacco, and coffee for at least three (3) hours before your fitness assessment.
- Avoid exercising on the same day as your fitness assessment. Exercise will elevate your blood pressure and resting heart rate, which will make these measurements during your fitness assessment inaccurate.
- Try to sleep at least 7 – 8 hours the night before your assessment.



On the Wrist

Please complete the Fitness Assessment Client Information form and Liability Waiver form before you arrive.

### Reschedule/Cancellation and No-Show Policy

Please reschedule your appointment if you are suffering from any acute respiratory infection or related condition. If you cannot keep your appointment for other reasons, please **contact** the Wellness Center at (208) 282-2117 **as soon as possible in advance**. **If you do not show for your fitness assessment appointment two times, you will not be allowed to schedule another fitness assessment for the remainder of the semester.**

### Late Policy

Because each fitness assessment takes 45 minutes to complete, it is important for you to be on time for your appointment. If you do not arrive on time, the ISU Wellness Center staff member completing your fitness assessment will wait 15 minutes. If you fail to meet the staff member within 15 minutes of your scheduled appointment time, it will be considered a no-show (see no-show policy above).

### Refund Policy

All sales are final and requests for refunds will only be accepted based upon medical necessity, or in case of significant emergencies. Documentation of medical condition or other emergencies may be required to request a refund. All refund requests will be reviewed and completed on a case-by-case basis.

## Fitness Assessment Client Information Form

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ MI: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-mail address: \_\_\_\_\_  
Bengal card number: \_\_\_\_\_ ISU Affiliation: \_\_\_\_\_  
Emergency contact person: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work telephone: \_\_\_\_\_

### Personal Health Information

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ inches or cm Current weight: \_\_\_\_\_ lbs. or kg  
Resting heart rate (RHR): \_\_\_\_\_ Resting blood pressure (if known): \_\_\_\_\_

### Health Risk Assessment

To provide you with the best service possible, it is important for us to review issues that might impact your health. **This form is confidential and will be kept in your file in the ISU Wellness Center. The ISU Wellness Center staff will not release this information without your written consent, unless required by law.**

1. Please list medications (prescription, over-the-counter, dietary supplements) taken regularly and the reason for taking: \_\_\_\_\_
2. Please list any food or drug allergies: \_\_\_\_\_
3. Do you use tobacco products? \_\_\_\_\_ If yes, how often and how much? \_\_\_\_\_
4. Have you (or a family member) ever been told that you have diabetes? \_\_\_\_\_
5. Do you have any known cardiovascular problems (abnormal ECG, atherosclerosis, heart attack, high blood pressure)? ☐ Yes ☐ No If yes, please explain: \_\_\_\_\_
6. Has your doctor ever told you your cholesterol level is high? \_\_\_\_\_
7. Women only: Are you pregnant or did you have a baby less than six weeks ago? ☐ Yes ☐ No
8. Please write what you consider a healthy weight for yourself: \_\_\_\_\_ pounds or \_\_\_\_\_ kg
9. Are you at or within ten pounds of your desired weight? ☐ Yes ☐ No
10. Are you trying to lose weight? ☐ Yes ☐ No  
If yes, please describe the method of weight loss you are using: \_\_\_\_\_

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

This questionnaire will tell you whether it is necessary for you to seek further advice from your doctor OR a qualified exercise professional before becoming more physically active.

#### YES NO

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you feel pain in your chest when you do physical activity?  |
| <input type="checkbox"/> | <input type="checkbox"/> | In the past month, have you had chest pain when you were not doing physical activity?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your doctor ever said that you have high blood pressure?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?                |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you lose balance because of dizziness or do you ever lose consciousness?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a bone or joint problem such as arthritis that could be made worse by a change in your physical activity?            |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)?           |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your doctor ever said that you should only do medically supervised physical activity?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you know of any other reason why you should not do physical activity?   |