



PHYSICAL FITNESS ASSESSMENT

# Registration, Release & Waivers



## Fitness Registration Sheet

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_

---

Your Status (Active Duty, Civilian, Reservist, Family Member, Retiree,...) and your duty work station if applicable. \_\_\_\_\_

---

### Consent and Liability Waiver

I, \_\_\_\_\_, acknowledge that I will be participating in weight and/or cardiovascular training in a Navy Region Northwest fitness area.

I understand that the cardiovascular equipment, weight machines, and free weights in the fitness centers were not designed for specifically any age. Therefore, some have an increased risk for injury. I also understand that a possibility for injuries exists when utilizing weight training equipment and that these injuries **MAY** have a permanent effect on the body. Any questions regarding your risk for injury should be directed to your family physician.

I understand that I must be in good physical condition and free from any medical condition that may be aggravated by physical activity. I also understand that I must have a physical examination by a physician within the past 12 months.

I understand that areas and hours of use of fitness centers by patrons may vary from base to base and that local rules and restrictions will apply.

I waive, indemnify, exonerate, hold harmless MWR, facility staff and the US Navy and their assigns for any claims, demands and causes of action (including defense costs and attorney's fees) arising out of or pertaining to any loss, damage, injury or death sustained, caused by any negligent act or act of omission, or breach of duty related to the MWR facility. This release applies whether or not any claim, demand, action or suit is based on or alleged to be based on or in part, the negligent act or act of omission, or similar conduct of those parties are hereby released and indemnified. The undersigned does hereby assume all risks and hazards in use of this MWR facility. The undersigned hereby acknowledges that he/she possesses adequate medical and hospitalization insurance coverage in case of injury.

---

Signature

---

Date

## INFORMED CONSENT FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_

\_\_\_\_\_ has volunteered to participate in a program of progressive physical exercise. I \_\_\_\_\_ waive any possibility of personal damage or injury to self for present and future use of the facility and accept responsibility for requesting such exercise and assistance. The possibility of certain unusual changes during exercise does exist. They include: abnormal blood pressure, fainting, disorders of heartbeat, and very rare instances of heart attack. Every effort will be made to minimize them by preliminary examination and by observations during situations which may arise. I hereby acknowledge and accept these risks. To my knowledge I have no limiting physical condition or disability which would preclude an exercise program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

All participants prior to involvement in the exercise program should obtain a physician's examination. If a participant refuses to obtain a physician's permission, he/she must sign the following statement.

I, \_\_\_\_\_, have been informed of the need for a physician's approval for participation in a progressive exercise-fitness program. I fully understand the strenuous nature of the program.

I, \_\_\_\_\_, accept complete responsibility for my own health and well-being in the voluntary exercise-fitness program and understand that no responsibility is assumed by MWR, Facility Staff, or U.S. Navy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **THE PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)**

PAR-Q is designed to help you help yourself. Many health benefits are associated with regular exercise and the completion of the PAR-Q is a sensible first step to take if you are planning to increase the amount of physical activity in your life.

For most people, physical activity should not pose any problem or hazard. PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

Common Sense is your best guide in answering these questions. Please read them carefully and circle the YES or NO for each question as it applies to you.

- |    |   |     |    |
|----|---|-----|----|
| 1. | Has your doctor ever said that you have heart trouble?  | YES | NO |
| 2. | Do you frequently have pains in your heart or chest?  | YES | NO |
| 3. | Do you often feel faint or have spells of severe dizziness?   | YES | NO |
| 4. | Has your doctor ever said that your blood pressure was too high?  | YES | NO |
| 5. | Has your doctor ever said that you have a bone or joint problem, such as arthritis, that has been aggravated by exercise, or might be made worse with exercise? | YES | NO |
| 6. | Is there a good physical reason, not mentioned here, why you should not follow an activity program even if you wanted to?                                       | YES | NO |
| 7. | Are you over the age of 65 and not accustomed to vigorous exercise?   | YES | NO |

### **If you answered YES to one or more questions:**

If you have not recently done so, consult with your personal physician by telephone or in person BEFORE increasing your physical activity and/or taking a fitness test. Tell him or her what questions you answered YES.

After a medical evaluation, seek advice from your physician as to your suitability for:

- Unrestricted physical activity, probably on a gradually increasing basis or
- Restricted and supervised activity to meet your specific needs, at least on an initial basis. Check in your community for special programs or services.

### **If you answered NO to all questions:**

If you answered the questions on the PAR-Q accurately, you have reasonable assurance of your present suitability for

-A GRADUATED EXERCISE PROGRAM – A gradual increase in proper exercise promotes good fitness development while minimizing or eliminating discomfort.

-AN EXERCISE TEST – Simple tests of fitness may be undertaken if you desire.

Postpone exercise or exercising test:

- If you have a temporary minor illness, such as a common cold.

### **PAR-Q Acknowledgement:**

Name (PRINTED) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Command \_\_\_\_\_

**HEALTH HISTORY FORM**

NAME \_\_\_\_\_ RANK \_\_\_\_\_ DATE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ WORK# \_\_\_\_\_ HOME# \_\_\_\_\_  
CODE/COMMAND \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

**Person to contact in case of emergency**

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Are you currently taking any medications? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please list medications, dose and **reason**: \_\_\_\_\_  
\_\_\_\_\_

Does your physician know you are participating in this exercise program? Yes No

Describe any physical activity you do somewhat regularly: \_\_\_\_\_  
\_\_\_\_\_

**MEDICAL HISTORY**

- Any history of heart problems, chest pains or stroke? . . . . . Yes No**
- Increased blood pressure? . . . . . Yes No
- Any chronic illness or condition? . . . . . Yes No
- Difficulty with physical exercise? . . . . . Yes No
- Advise from physician **NOT** to exercise? . . . . . Yes No
- Recent surgery (last 12 months)? . . . . . Yes No
- Pregnancy (currently or in the last 3 months)? . . . . . Yes No
- History of breathing or lung problems (asthma)? . . . . . Yes No
- Muscle, joint, or back disorder? . . . . . Yes No
- Diabetes or thyroid condition? . . . . . Yes No
- Smoking Habit? . . . . . Yes No
- Previous injury still affecting you? . . . . . Yes No
- Obesity (more that 20% over ideal body weight)? . . . . . Yes No
- Increased blood cholesterol? . . . . . Yes No
- Hernia, or any condition that may be aggravated by lifting weights? . . . . . Yes No
- History of heart problems in immediate family? . . . . . Yes No

**Please explain any "Yes" answers:** \_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_ do hereby agree that all of the information regarding my medical history is correct to my knowledge.

## Medical Release Form

**Date:** \_\_\_\_\_

Dear Doctor:

Your patient wishes to begin a personalized training program with the fitness staff at Concourse West, Naval Station Bremerton. We request written permission based on the information taken from their medical history. If your patient is taking medication that will affect his/her heart rate response to exercise, please indicate the manner of the effect (raises, lowers, or has no effect on heart rate response):

**Type of Medication** \_\_\_\_\_

**Effect** \_\_\_\_\_

\_\_\_\_\_

Please identify any recommendations or restrictions that are appropriate for the involvement of your patient in this exercise program:

**Frequency:** \_\_\_\_\_

**Intensity:** \_\_\_\_\_

**Time:** \_\_\_\_\_

**Type:** \_\_\_\_\_

Thank you,

Naval Station Everett Fitness Staff

(425) 304-3922 Office

(425) 304-3069 Fax

\_\_\_\_\_  
Physician's Name (Print) M.D. \_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Signature M.D. \_\_\_\_\_  
Phone

# ASSESSMENT SHEET

## Level 1

Resting heart rate (beats/min) \_\_\_\_\_

Resting blood pressure (mmHg) \_\_\_\_\_

Body composition (% fat) \_\_\_\_\_

## Level II

3 minute step test (beats/min) \_\_\_\_\_

## Level III

Sit and reach (inches) \_\_\_\_\_

1 minute sit up/curl up (reps) \_\_\_\_\_

1 minute push up (reps) \_\_\_\_\_

Bench press (lbs.) \_\_\_\_\_

Leg press (lbs.) \_\_\_\_\_

1.5 mile run \_\_\_\_\_

1 mile walk, time only  
(minutes and seconds) \_\_\_\_\_

12 minute run \_\_\_\_\_

Other cardiovascular test \_\_\_\_\_

# FITNESS PROFILE

Fitness Component	Test	Current Raw Score	Current Fitness Category
Cardiorespiratory	1.5 mile run	_____	_____
Cardiorespiratory	12 minute run	_____	_____
Cardiorespiratory	1 mile walk	_____	_____
Cardiorespiratory	3-minute step test	_____	_____
Absolute strength	1 rep max *BP	_____	_____
Absolute strength	1 rep max *LP	_____	_____
Dynamic strength	1 min sit up/curl up	_____	_____
Dynamic strength	1 min push up	_____	_____
Flexibility	sit and reach	_____	_____
Body Composition	skinfold/other	_____	_____

Percentile	Fitness Category	Cardio-respiratory Run/Walk	Absolute Strength *BP	Absolute Strength *LP	1 min sit up/curl up	1 min push up	Flexibility Sit and Reach	Body Comp % Fat
95	Superior							
80	Excellent							
60	Good							
40	Fair							
20	Poor							
1	Very Poor							



