



FITNESS ASSESSMENT REGISTRATION



FITNESS REGISTRATION FORMS

Name _____ Phone #: _____

E-mail Address _____

Fitness Specialist: _____

Your Status: Active Duty Civilian Reservist Family Member Retiree
(Please Circle One)

Please indicate which days and times you are available for your Initial Assessment:

DAY('s): M T W TH F S SU TIME('s): _____
(Please Circle One)

CONSENT AND LIABILITY WAIVER

I, _____, acknowledge that I will be participating in resistance and/or cardiovascular training in a PACNORWEST Navy 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



FITNESS ASSESSMENT REGISTRATION



INFORMED CONSENT FORM

NAME: _____ SEX: M F AGE: _____

ADDRESS: _____

TELEPHONE: _____

_____ 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 statements.**

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



FITNESS ASSESSMENT REGISTRATION



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 to. 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 _____



FITNESS ASSESSMENT REGISTRATION



HEALTH HISTORY FORM

Name _____ Date _____

Address _____

Work# _____ Home# _____ Cell # _____

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.



FITNESS ASSESSMENT REGISTRATION



MEDICAL RELEASE FORM

Date: _____

Dear Medical Professional:

Your patient _____ wishes to begin a personalized training program with the fitness staff at the Naval Base Everett Fitness and Aquatic Center. 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). In addition to any other limitations or guidelines you would like your patient to follow.

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: _____

Other: _____

Thank you,

c/o: _____, Naval Base Everett Fitness Specialist

(Please mark which gym your Registration Form has been turned into.)

- Everett Naval Station
(425) 304-3922 Office
(425) 304-3069 Fax

Physician's Name (**Print**) M.D.

Date

Physician's Signature M.D.

Phone



FITNESS ASSESSMENT REGISTRATION



BODY COMPOSITION ANALYSIS

Name: _____ Date: _____

Current Weight Lbs: _____

Current Body Fat % _____

Current Weight: _____ x Body Fat% _____ = _____ Current Lbs. Body Fat

Current Weight _____ - _____ Lbs. Body Fat = _____ Lbs. Lean Body Mass

Body Fat Goal% _____

Current Weight: _____ x Body Fat Goal% = _____ Lbs. New Body Fat

Current Lbs. Body Fat: _____ - _____ New Body Fat = New Lean mass _____

MEASUREMENTS

Height _____

Neck _____

Bicep _____

Forearm _____

Chest _____

Waist _____

Hips _____

Thigh _____

Calf _____

Men: Neck – Waist = (CV)

Women: Waist + Hips then – the Neck
for = (CV)

Blue Book will have measurement codes by height and circumference value (CV)