



Fitness Assessment Information: Adults under age 60 (p.1, 3, 4, 5)

Name: _____	Date: _____
Email: _____	Phone: _____
Emergency Contact: _____	Phone: _____
Relation to you: _____	

Resting heart rate and resting blood pressure will be measured.

Body composition. Body fat will be estimated from either skinfold measurements or bioelectrical impedance analysis. Waist circumferences will be measured using a tape measure. Body Mass Index (kg/m^2) will be calculated.

Cardiovascular endurance will be measured using either a 3-minute step test, a 1-Mile Rockport Walking test, or a 12-minute run test. In the step test, you will step up & down on a 12" bench for three minutes, and heart rate is measured afterwards. The Rockport Walking test requires you to walk one mile as quickly as possible, and heart rate is measured immediately after. The run test is based on the distance covered in 12 minutes.

Flexibility/Posture. Low back & hamstring flexibility will be assessed using the Sit and Reach test. The flexibility of the hip flexors, quadriceps, calves, and shoulders, along with posture, will be visually evaluated.

Muscular endurance. Muscular endurance of the abdominals will be measured by performing as many partial sit-ups as possible in 1 minute, maximum 25. Muscular endurance of the chest & arms will be measured using by performing as many pushups as possible until fatigue.

Muscular strength. Upper body strength will be assessed using a Chest Press machine. Lower body strength will be assessed using a Leg Press machine. ***For these tests, please inform your trainer if you have chronic high blood pressure.***

I understand the purpose of this assessment and that there are fitness, health and knowledge benefits. I understand that there are minimal risks & discomfort associated with the above tests. **I understand I may stop any test at any time.** I understand that I use the University of South Alabama Department of Campus Recreation's facilities at my own risk.

Subject's Signature _____

Date _____



Senior Fitness Assessment Information: Adults over age 60 (p. 2, 3, 4, 5)

Name: _____	Date: _____
Email: _____	Phone: _____
Emergency Contact: _____	Phone: _____
Relation to you: _____	

Resting heart rate and resting blood pressure will be measured.

Body composition. Body fat will be estimated from either skinfold measurements or bioelectrical impedance analysis. Waist circumferences will be measured using a tape measure. Body Mass Index (kg/m^2) will be calculated.

Cardiovascular endurance will be assessed using a 6-minute walk test on an indoor track.

Muscular strength & endurance. Upper body strength will be assessed using the arm curl test with a 5-lb dumbbell (females) or an 8-lb dumbbell (males). Lower body strength will be assessed using the chair stand test.

Flexibility. Low back, hamstring and hip flexibility will be assessed using the Chair Sit and Reach test. Shoulder flexibility will be assessed using the Back Scratch test. Posture will be visually assessed.

Agility/Balance: Agility and balance will be assessed using the 8-foot up-and-go test.

I understand the purpose of this assessment and that there are fitness, health and knowledge benefits. I understand that there are minimal risks & discomfort associated with the above tests. **I understand I may stop any test at any time.** I understand that I use the University of South Alabama Department of Campus Recreation's facilities at my own risk.


Subject's Signature _____

Date _____




Complete all steps thoroughly

Step 1: Please indicate if you have/had any of the following:

<ul style="list-style-type: none"> • Chronic Asthma • Chronic Bronchitis • Chronic Emphysema • Currently Pregnant 	<ul style="list-style-type: none"> • Cardiovascular Surgeries (any) • Heart Disease • Peripheral Vascular Disease • Stroke 	<ul style="list-style-type: none"> • Diabetes (Type 1 or 2) • Hyper/Hypo Thyroid • Kidney Disease • Liver Disease
 If you have any of the above, you need a physician's clearance prior to having a fitness assessment or personal training. (Physician form on page 5 of this packet)		

Step 2: Please indicate if you have any of the following:

_____	You are a male age 45+ or a female age 55+
_____	Family history of heart disease
_____	Current cigarette smoker, or quit less than 6 months ago, or constant exposure to cigarette smoke (home, work, etc)
_____	Obesity (BMI ≥ 30 kg/m ²) Height _____ Weight _____
_____	High blood pressure, or currently taking medication to control it
_____	High cholesterol or currently taking medication to control it
_____	High blood sugar (glucose) levels, when fasting
_____	Sedentary lifestyle (getting less than 30 min of exercise per day, 3 days per week)
 If you checked at least two of the above you are at a moderate risk of heart disease. You may need a physician's clearance prior to having a fitness assessment or personal training. (Physician form on page 5 of this packet)	



Instructions: Complete each question accurately. All information provided is **confidential**.

Name: _____

1. Describe any physical limitations you have due to surgeries or injuries: _____

2. Do you have any other medical conditions that need to be taken into consideration when exercising?
Arthritis Back Problems Epilepsy Hypoglycemia
Osteoporosis Other: _____

3. Name any medications you currently take that may be affected by exercise. If you do not know, please list all medications: _____

4. How many days per week do you exercise now? _____

5. If you do exercise, please list what activities you currently do: _____

6. Please list your fitness goals. Ensure they are REALISTIC: _____

7. What exercises do you like, both indoors and outdoors? _____

8. What exercises will you NOT do? _____

9. How do you best learn and retain information?
Auditory (listen to instructions) Visual (want photos of exercises) Tactile (learn by doing)



Physician Information & Medical Clearance Form

Client's name: _____ Date: _____

Fitness Assessment: Will evaluate resting heart rate & blood pressure, weight and body composition, cardiorespiratory function, flexibility and posture, and muscular strength and endurance. Body composition is estimated by taking several skinfold measurements or by use of a Bioelectrical Impedance Scale. The client will choose a sub-maximal cardiorespiratory test: 3-minute step test using a 12-inch bench, 1-mile walk test, or a 6-minute walk test (age 60+).

- Exercise Programs: Please list any limitations or recommendations that you may have for an exercise program for this client: _____

All programs will include warm-up and cool-down, cardiovascular exercise, resistance (weight) training, and gentle stretching.

- Is the client on any medication that may affect the heart rate or blood pressure response to exercise? If so, please name: _____
- Please fill in the following information if available:
Date & result of last stress test: _____ Blood pressure: _____
Fasting Total Cholesterol _____ Fasting Blood Glucose _____

Physician's name (print): _____ Signature: _____

Address: _____

Telephone: _____ Date: _____

I, _____ (*client's name*) authorize the release of the above information to the Department of Campus Recreation at the University of South Alabama. I understand that the information gathered by the Department of Campus Recreation will remain confidential.

Please fax to Sarah Rentz, Fitness Coordinator/ Exercise Physiologist, 251-461-1491