

Data Collection Sheet

NAME: _____ DATE: _____

HEIGHT: _____ in. WEIGHT: _____ lbs. AGE: _____

PHYSICIANS NAME: _____ PHONE: _____

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

	Questions	Yes	No
1	Has your doctor ever said that you have a heart condition and that you should only perform physical activity recommended by a doctor?		
2	Do you feel pain in your chest when you perform physical activity?		
3	In the past month, have you had chest pain when you were not performing any physical activity?		
4	Do you lose your balance because of dizziness or do you ever lose consciousness?		
5	Do you have a bone or joint problem that could be made worse by a change in your physical activity?		
6	Is your doctor currently prescribing any medication for your blood pressure or for a heart condition?		
7	Do you know of <u>any</u> other reason why you should not engage in physical activity?		

If you have answered "Yes" to one or more of the above questions, consult your physician before engaging in physical activity. Tell your physician which questions you answered "Yes" to. After a medical evaluation, seek advice from your physician on what type of activity is suitable for your current condition.

Physician Referral for Client to Exercise

Date faxed: _____

Patient: _____ Patient's birth date: _____

Physician: _____ Physician's phone: _____

Physician's fax: _____ Physician's e-mail: _____

Dear Doctor,

Your patient has requested to participate in a structured exercise/physical-activity program at

_____. He or she has completed a pre-activity screening as part of his or her enrollment and, as a result of completing that pre-activity screening, has been identified as falling within a risk stratification (moderate-to-high risk) that requires physician clearance prior to engaging in a program of moderate physical activity. The client/patient has approved our forwarding this form to your attention, including the information that has resulted in their being identified as falling into a moderate-to-high risk stratification that requires physician approval before the client can begin participating in a program of moderate physical activity. The classification as moderate-to-high risk is based on the guidelines found in the American College of Sports Medicine's *ACSM's Guidelines for Exercise Testing and Prescription*, 7th edition (2006).

Coronary Risk Factors

- | | | |
|---|---|--|
| <input type="checkbox"/> age (male >45, female >55) | <input type="checkbox"/> cigarette smoking | <input type="checkbox"/> elevated BP |
| <input type="checkbox"/> sedentary | <input type="checkbox"/> elevated blood lipid profile | <input type="checkbox"/> obesity (BMI >30) |
| <input type="checkbox"/> family history | <input type="checkbox"/> CV disease | <input type="checkbox"/> metabolic disease |
| <input type="checkbox"/> signs/symptoms | <input type="checkbox"/> pregnancy | |

Other relevant information: _____

Based on the information provided and any other information you, the physician have, your recommendations regarding the patient's participation in a program of moderate physical activity is:

- Patient/client is not cleared and cannot exercise at this time.
- Patient/client is cleared and can exercise with no restrictions.
- Patient/client is cleared with the following restrictions:

Physician's signature: _____ Date: _____

Please fax back to _____ at _____ within ten (10) days.

Personal Training Cancellation Policy

Cancellation 24 hours in advance of the training session.

Sessions may be rescheduled if less than 24 hours if agreed upon by the trainer.

Signature _____

Date _____

Testimonial and Photo Release Form

I, the undersigned, hereby grant to _____ (“Trainer”) and his/her agents the right to use my name, biographical information, photographs, images, story and/or testimonial, in whole or in part, and without restriction as to changes or alterations.

The rights granted herein shall extend in perpetuity, unless revoked in writing to Trainer by me, throughout the world and for any purpose whatsoever, including without limitation for marketing and advertising purposes of Trainer, and in any and all media, including without limitation Trainer’s website.

I acknowledge that Trainer has no obligation to return any photographs or images to me. I hereby RELEASE, WAIVE and FOREVER DISCHARGE any and all claims arising out of, or in connection with, such use by Trainer, including without limitation any and all claims for libel or invasion or privacy. I hereby warrant and represent that I am at least 18 years of age and have the right to contract in my own name. I have read the above Release and am fully familiar with the contents thereof. This Release contains the entire agreement between the parties hereto as to the subject matter contained herein.

I’ll never print or share any testimonials, photos, or videos without your permission.

Printed Name _____

Date _____

Signature _____

Parent/Guardian Name _____

Signature _____

Date _____