



FITNESS ASSESSMENT: \$20

Fitness testing can serve several purposes for you in reaching a high level of physical fitness. Testing results can be used to identify your strengths and weaknesses and periodic re-tests can assess your progress over time. The staff at UREC is committed to help you reach your goals and providing you with any information that will assist you in your activity program.

The assessment session itself will last approximately 1 hour, and will assess the following components of physical fitness:

- Cardiorespiratory Endurance
- Muscular Strength
- Muscular Endurance
- Flexibility
- Body Composition.

Please use the following tips to prepare for your fitness assessment:

1. Come dressed to workout (shorts, t-shirt, sneakers).
2. Try not to eat a large meal 1.5-2 hours before your appointment. A light snack more than 30 minutes prior to your appointment is appropriate. Hydrate yourself continuously throughout the day, drinking plenty of water.
3. Please avoid caffeinated beverages for 2 hours before your appointment.
4. Feel free to bring a workout towel and water bottle with you to use during your training sessions.

Please fill out the attached Health History Questionnaire and return it to the UREC Program Registration Desk. At this time, you may schedule your fitness assessment appointment and pay for this service via FLEX. All assessment services are non-refundable.

If you have any questions, please contact Holly Bailey, Coordinator of Fitness and Nutrition, at 540-568-8712 or baileyha@jmu.edu.

University Recreation Health History Questionnaire

NAME _____ TODAY'S DATE _____

E-MAIL _____ TELEPHONE _____

BIRTH DATE _____ AGE _____ GENDER _____ WEIGHT _____ HEIGHT _____

1) Has a physician ever told you that you have had any of the following?

_____	Coronary Heart Disease	_____	Heart Attack
_____	Rheumatic Disease	_____	Stroke
_____	Congenital Heart Disease	_____	Epilepsy
_____	Irregular Heartbeats	_____	Diabetes
_____	Heart Valve Problems	_____	Angina
_____	Heart Murmurs	_____	Cancer
_____	High Blood Pressure	_____	Arthritis
_____	High Cholesterol	_____	Obesity
_____	Lung Disease (Asthma, Emphysema, etc.)		
_____	Other		

Please explain: _____

2) Has anyone in your immediate family (mother, father, siblings, grandparents) experienced any of the above conditions?

_____ NO _____ YES

3) Do you ever experience any of the following?

_____ Chest Pain/Discomfort
_____ Shortness of Breath
_____ Heart Palpitations
_____ Back Pain
_____ Joint, Tendon, or Muscular Pain
_____ Orthopedic Problems

If yes, please explain: _____

4) Please list any medications that you are currently taking (name & reason): _____

*** OVER ***

Office Use Only

Appt Date _____ Appt Time _____ Trainer _____ Payment Date _____ Amount Pd _____ WC Initials _____

Service Requested (please circle): FA NA TP

- 5) Do you have any medical conditions for which a physician has ever recommended some restrictions on activity (including surgery)?
 _____NO _____YES
 If yes, please explain: _____

- 6) Are you pregnant? _____NO _____YES
- 7) Do you smoke? _____NO _____YES
 _____ Cigarettes per day
 _____ Pipes per day
 _____ Cigars per day
 Do you use smokeless tobacco? _____NO _____YES
- 8) Have you had your cholesterol measured in the last year?
 _____NO _____YES
 If yes, what was the value? _____
- 9) Do you drink alcoholic beverages at all? _____NO _____YES
 If yes, how many drinks per week? _____
- 10) Do you eat a variety from the major food groups (meats, fruits, vegetables, grains, milk)?
 _____NO _____YES
- 11) Is your diet high in saturated fat (milk products, cheese, meats, fried foods, desserts)?
 _____NO _____YES
- 12) Check the description that bests represents the amount of stress you experience on a daily basis.
 _____ No stress
 _____ Occasional mild stress
 _____ Frequent moderate stress
 _____ Frequent high stress
 _____ Constant high stress
- 13) Have you had a recent weight loss or gain? If so, how much? _____
- 14) Please describe your current exercise program. List type of activity, number of sessions per week, time per sessions and intensity level:

- 15) List any areas for which you would like additional information:

- 16) Would you be interested in a nutrition analysis in conjunction with your personal training? _____ NO _____ YES