FITNESS ASSESSMENT: $30

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 Stephanie Goetz, Coordinator of Fitness Programs, at 540-568-8733 or goetzse@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): ____________

   ________________________________________________________________
   ________________________________________________________________

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 best 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 for an additional $30? _____NO _____YES