



## **FITNESS ASSESSMENT: \$35**

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, Assistant Director for Fitness & Nutrition, at 540-568-8712 or [baileyha@jmu.edu](mailto:baileyha@jmu.edu).

# University Recreation Health History Questionnaire

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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 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 for an additional \$30? \_\_\_\_\_NO \_\_\_\_\_YES