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.
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