

Appt. Date:

Appt Time:

Trainer:

## 2018 PERSONAL TRAINING HEALTH HISTORY QUESTIONNAIRE

NAME: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

BARRY ID #: \_\_\_\_\_

MEMBER TYPE (circle): STUDENT STAFF FACULTY

PHONE #: (H) \_\_\_\_\_ (W) \_\_\_\_\_

ACADEMIC YEAR (circle): FR SO JR SR GRAD

E-MAIL: \_\_\_\_\_

EMERGENCY CONTACT (name/ relationship/ phone #): \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ GENDER: \_\_\_\_\_

PLACE OF RESIDENCE: (Please circle one)

Ethnicity: (OPTIONAL) (Please circle one):

Resident Hall/ Off-Campus

African American/ Asian American/ Hispanic American/

Native American/ White American/ Non-US/ Other:

1. If you have ever experienced any of the following conditions, please place an "X" next to that item.

Heart Disease		Cholesterol Level over 260		Hernia	
Rheumatic Disease		Diagnosed Hypoglycemia		Cancer	
Chest Pain		High Blood Pressure		Arthritis	
Heart Attack		Heart Murmurs		Lung Disease (asthma, emphysema)	
Stroke		Frequent Lightheadedness or Fainting		Frequent or Severe Back Pain	
Epilepsy/Seizure Disorder		Joint, Tendon, or Muscular Pain		Severe Shortness of Breath	
Diabetes		Irregular Heartbeats		Bulimia /Anorexia	

If you placed an X in any of the above you must download/complete the physician approval form before scheduling a session.

Other conditions not listed: \_\_\_\_\_

Please explain any conditions you marked with an "X": \_\_\_\_\_

2. Please list and explain any medical conditions, including surgery, for which a physician has ever recommended restrictions on activity: \_\_\_\_\_

3. Please list any medications you take regularly and the reason for taking: \_\_\_\_\_

4. Please answer "YES" or "NO" to the following questions:

Are you pregnant?	
Have you ever had a Personal Fitness Profile?	
Do you follow a flexibility routine on a regular basis?	
Do you perform abdominal exercises at least 2 times per week?	

5. Please indicate the amount of time you can dedicate to a fitness program: days per week → \_\_\_\_\_

❖ A personal trainer will help you design an exercise program based on your current level of fitness, your time limitations and your goals. The personal trainer will be instructing you on proper equipment set-up and usage, joint and lower back safety precautions, and proper form.

❖ If you cannot make your personal training appointment please call your personal trainer at least 24 hours in advance to reschedule. Don't forget to bring your Barry Identification card with you to gain access to the fitness center. Please wear proper workout attire and arrive at least 5 min. prior to your scheduled appointment.

- ❖ We require that you arrange a Personal Fitness Assessment before starting your exercise program. The personal fitness assessment includes the following assessments: body fat, blood pressure, resting heart rate, cardiovascular endurance, flexibility, muscular strength, and muscular endurance.
- ❖ Personal trainers will take your resting heart rate and blood pressure prior to each training appointment. (if indicated from assessment)
- ❖ In order to provide you with a safe and effective exercise program, the information on this form should be true to the best of your knowledge.
- ❖ All personal data is confidential.
- ❖ If this Questionnaire accurately reflects your health history and all medical limitations that may affect your Personal Training appointment, please sign below:

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CLIENT'S SIGNATURE

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DATE

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APPRAISER'S SIGNATURE

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DATE

😊 Thank you for choosing our Personal Training program 😊

## PAR-Q & YOU

(A questionnaire for people aged 15 to 69)

### PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

### TAKE THE PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?

Yes \_\_\_\_\_ No \_\_\_\_\_

2. Do you feel pain in your chest when you do physical activity? Yes \_\_\_\_\_ No \_\_\_\_\_

3. In the past month, have you had chest pain when you were not doing physical activity? Yes \_\_\_\_\_ No \_\_\_\_\_

4. Do you lose your balance because of dizziness or do you ever lose consciousness? Yes \_\_\_\_\_ No \_\_\_\_\_

5. Do you have a bone or joint problem that could be made worse by a change in your physical activity? Yes \_\_\_\_\_ No \_\_\_\_\_

6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? Yes \_\_\_\_\_ No \_\_\_\_\_

7. Do you know of any other reason why you should not do physical activity? Yes \_\_\_\_\_ No \_\_\_\_\_

#### IF YOU ANSWERED YES TO ONE OR MORE QUESTIONS:

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want -- as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

#### IF YOU ANSWERED NO TO ALL QUESTIONS:

IF YOU ANSWERED NO HONESTLY TO ALL QUESTIONS YOU CAN BE REASONABLY SURE THAT YOU CAN:

- Start becoming much more physically active -- begin slowly and build up gradually. This is the safest and easiest way to go.
- Take part in a fitness appraisal -- this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

I have voluntarily chosen to participate in fitness activities offered by the office of Campus Recreation at Barry University. I have answered the questions above to the best of my ability and affirm that my physical condition is good and I have no known conditions that would prevent me from participation. I acknowledge that participation is at my own pace and comfort level and that I may discontinue my participation at any time. Furthermore, I agree to self-determine my exertion through good judgement and to discontinue any activity that exceeds my personal limitations. I understand that by signing this agreement that I hereby waive and release Barry University, its president, Board of Trustees, staff, and all relevant employees in any way from liabilities or demands as a result of injury, loss, or adverse health conditions as a result of my participation. I affirm that I have read and understand this document and I wish to participate in fitness activities.

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(Print Name/ Signature)

(Date)

(Witness Signature)

(Date)

Name: \_\_\_\_\_  
(Please print)

Date : \_\_\_\_\_

Male: \_\_\_\_\_

Female: \_\_\_\_\_

DOB: \_\_\_\_\_

### Barry University Fitness Center Policy

**\*\*\*Please read and fill out all pages completely\*\*\***

In an attempt to secure the safety and well-being of its participants, the Office of Campus Recreation and Wellness (CRW) is issuing a liability form that must be filled out by any participant wishing to utilize the fitness center and its services. This will allow CRW to maintain an accurate account of its constituents.

**In order to participate on a guest basis, these forms must be completed.**

#### **OFFICE OF CAMPUS RECREATION & WELLNESS RELEASE AND LIABILITY WAIVER**

##### **Initial**

\_\_\_\_\_ In consideration of activities performed in the **Fitness Center**, \_\_\_\_\_

(Please print)

Intending to be legally bound, do hereby, for myself, my family, my heirs, executors, and administrators, waive, release, hold harmless and forever discharge any and all rights any and all rights and claims for damages which I may have or which may hereafter accrue to me against Barry University or its respective officers, employees, agents, representatives, successors, and or assign (hereinafter referred to as releasees) for any and all claims and liability damage, injury, debt, or property damage arising out of any cause whatsoever in connection with my participation in **Fitness & Wellness Activities** such as muscle strains, cramps, sprains, pulls, cuts, bruises, heat illness, DOMS (Delayed Onset Muscle Soreness), dehydration, or death due to cardiovascular complication as a result of physical over-exertion, (which in and of themselves do not constitute an exhaustive list).

\_\_\_\_\_ I understand that it is my responsibility to inspect all equipment which may be provided by the University to ascertain it useable condition.

\_\_\_\_\_ I hereby certify that I am in good health and am fit for participation in and have attached a medical form in support of my certification for any and all medical conditions under the care of a physician.

\_\_\_\_\_ I hereby covenant to help releasees harmless and indemnify releasees for any claim, judgment, or expenses releases may incur arising out of my activities in **Fitness & Wellness Activities**.

\_\_\_\_\_ I hereby personally assume all risk for harm, personal injury, property damage, or wrongful death that may result from my participation in **Fitness & Wellness Activities**. I further state that I am of legal age and am legally competent to sign this affirmation and release, or that I have acquired the written consent of my parents or guardians; that I understand the terms herein are contractual and are not a mere recital; and that I have signed this document of my own free act.

#### **I UNDERSTAND AND HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS AFFIRMATION AND RELEASE BY READING IT BEFORE I SIGNED IT.**

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_