Informed Consent for Participation in Personal Training Program Activities

Explanation of Procedures
Prior to meeting with a Personal Trainer you will be asked to fill out a health history form, a physical activity readiness questionnaire (PAR-Q), and an exercise history and preferences sheet. The information you provide will be reviewed with you by one of CFC’s certified personal trainers. It will be used to help determine whether a medical clearance is necessary before recommending new fitness activities. Our trainers will use the information that you provide in this fitness intake packet to evaluate your personal health and fitness history so that they may best advise you about a suitable exercise program. The information being gathered will be treated as privileged and confidential and will not be released to anyone other than program staff without your permission.

The Personal Trainers will educate clients about the various fitness components, the variables involved in setting up a safe and effective program, and discuss how you can best make gains in the areas that you want to work on. Depending on the services that you purchase, a trainer may develop a personalized exercise program for you to follow, provide instruction on equipment, and give feedback on your form. Our one-on-one personal trainer services focus on helping you to get the most out of your workouts, including instruction on proper technique.

Information about your current, previous, and future health status may affect the safety and value of your exercise program. You are responsible for disclosing such information on the health questionnaires. If you have any medical conditions or other underlying concerns which are not covered on the forms, you are responsible for informing your personal trainer. If your health status changes at any time, it should be reported back to the trainer and your doctor before continuing exercise, as the recommendations given at the time of your fitness consultation may not apply. Likewise, during exercise participation, it is important to notice any sensations, symptoms, or feelings that concern you and to discuss these with your trainer and/or a doctor before continuing exercise.

Although the information gathered today will help us plan an exercise program for you, reviewing your medical history does not entirely eliminate the risks associated with exercise. It is your obligation to inform the personal trainer if you have health concerns at any point.

Risks and Discomforts
The inherent risks involved in participating in an exercise program include, but are not limited to: muscular soreness, strains, orthopedic injuries, overuse injuries, heart rhythm disorders, abnormal blood pressure, dizziness, fainting, and in rare instances stroke, heart attack, or death. Every effort will be made to minimize these risks through preliminary screening and providing good instruction.

Benefits to be Expected
The benefits of engaging in regular exercise include increased energy and improved physical, psychological, and mental well-being, as well as weight management. There is evidence that regular physical activity is related to a lower risk of and improved management of a variety of health problems including anxiety, atherosclerosis, hypertension, heart disease, lung disease, diabetes, osteoporosis, stroke, cancer, depression, obesity, and back pain.

Freedom of Consent
My participation in this Personal training Program is completely voluntary. I have read this form and understand the risks involved with participation in an exercise program. I understand that I can discontinue participation in any or all aspects of the fitness program at any time. I understand that if I have further questions or concerns I may ask for more information.

Member Name (Print) ___________________________ Member Signature ___________________________ Date ___________________________
Cornell Fitness Centers Health Status & Screening Questionnaire

**MEMBER INFORMATION**

| Name: | Age: _________ | Today's Date: ____/____/_____

**Please assess your health by marking all statements that are true and informing us of any other issues of concern:**
If you mark ANY of the statements in the section below, consult your healthcare provider BEFORE engaging in exercise. We may require medical clearance from your physician / health care provider before making exercise recommendations.

<table>
<thead>
<tr>
<th>History (You have or have had:)</th>
<th>Symptoms:</th>
<th>Other Health Issues:</th>
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<tbody>
<tr>
<td>any cardiovascular condition</td>
<td>chest discomfort with exertion</td>
<td>test results suggesting impaired glucose levels</td>
</tr>
<tr>
<td>a heart attack</td>
<td>unreasonable breathlessness</td>
<td>musculoskeletal problems that limit activity</td>
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<tr>
<td>heart or vascular surgery</td>
<td>dizziness, fainting, and/or blackouts</td>
<td>are pregnant or postpartum</td>
</tr>
<tr>
<td>any cardiac-related procedure</td>
<td>heart palpitations, skipped beats, or noticeable rhythm disturbance</td>
<td>difficulty breathing when lying down or sudden difficulty breathing at night</td>
</tr>
<tr>
<td>heart valve disease</td>
<td>ankle swelling or other edema</td>
<td>current or past eating disorder</td>
</tr>
<tr>
<td>congenital heart disease</td>
<td>burning or cramping in your lower legs when walking short distances</td>
<td>asthma or other lung disease</td>
</tr>
<tr>
<td>heart murmur</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a thyroid condition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>diabetes</td>
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**Cardiovascular Risk Factors:**
If you check TWO OR MORE of the statements in the section below, consult your healthcare provider BEFORE engaging in vigorous exercise. We may require medical clearance from your physician / health care provider before making exercise recommendations.

- You are a man older than 45 years.
- You are a woman older than 55 years or you have had a hysterectomy or you are postmenopausal.
- You smoke, or you have quit smoking within the previous 6 months.
- Your blood pressure is greater than 140/90 or you don’t know if your blood pressure is normal.
- You take blood pressure medication.
- Your blood cholesterol level is > 200 mg/dL or you don’t know your blood cholesterol level.
- You have a close blood relative who had a heart attack before age 55 (father or brother)
  or before age 65 (mother or sister).
- You are diabetic or take medicine to control your blood sugar.
- You are physically inactive (i.e. you get less than 30 minutes of physical activity on at least 3 days per week).
- You are more than 20 pounds overweight or have a body mass index ≥ 30 kg · m².
- None of the above is true.

If you have any concerns related to any of the statements above, you should consult with your healthcare provider BEFORE engaging in an exercise program.

Do you have any concerns about the safety of exercise for you?  □ No  □ Yes ________________________________

Do you take any prescription medications or supplements?  □ No  □ Yes _______________________________________

I give my permission for Cornell Fitness Centers to photocopy my responses on the Fitness Intake form to send to my healthcare provider so that informed decisions can be made regarding appropriate levels of fitness participation. Further, I give permission for my healthcare provider to release information regarding medical clearance and conditions as they pertain to exercise.

Patient Signature to Release Information: _________________________________ Date: ____/____/_____

Healthcare Provider: _____________________________ Phone: ________________________
Exercise Preferences and Habits

What would you like to achieve with an exercise program? Check all that apply.

- Lose Weight
- Gain Weight
- Decrease Body Fat
- Increase Muscle Mass (get bigger)
- Get More Muscle Definition
- General Fitness
- Health Related Benefits
- Feel Better About My Body
- Sleep Better
- Reduce Stress
- Injury Rehab
- Increase Muscle Strength
- Increase Aerobic Fitness
- Increase Flexibility
- Sport-Specific Performance Gains

List in order your 3 most important health and fitness objectives:
1.______________________________________________________________________________________________
2.______________________________________________________________________________________________
3.______________________________________________________________________________________________

What kinds of activities do you enjoy (or are willing to try)? Check all that apply.

- Walking/Running Outdoors
- Walking/Running on a Treadmill
- Hiking
- Indoor Cycling/spinning
- Elliptical Machine
- Swimming
- Stair Stepper Machine
- Pilates
- Dancing
- Group Fitness Classes
- Weight Training with Machines
- Cross-country Skiing
- Weight Training with Free-weights
- Rowing
- Stretching
- Yoga

List any other activities of interest here:

______________________________________________________________________________________________

Current exercise habits

Have you exercised regularly for the past 4 weeks (at least 3 times per week)? □ Yes □ No

Can you currently walk 3 miles briskly without fatigue? □ Yes □ No

Cardio (last 6 weeks): what activities, how often, how long, & how hard?

______________________________________________________________________________________________

Strength (last 6 weeks): which muscle groups, how often, how many sets/reps, & what type of exercises?

______________________________________________________________________________________________

Flexibility/Stretching (last 6 weeks): what activities, how often, how much time spent each session?

______________________________________________________________________________________________

Trainer Notes:
### Exploring Your Health & Fitness Goals

#### Attitudes towards Physical Activity and Lifestyle

- Do you feel comfortable with the equipment in the gym? ____ YES ____NO (If NO, which equipment are you unfamiliar or uncomfortable with?: __________________________)
- Do you enjoy exercise? ____ YES ____NO
  - If NO, what are the main factors or barriers? __________________________

Please describe your knowledge of exercise and fitness (please circle):

- very knowledgeable
- somewhat knowledgeable
- very little knowledge

#### Nutritional Habits/Weight Management

- How would you describe your nutrition habits (please circle): GOOD FAIR POOR
- Number of meals and snacks you usually eat per day __________________________
- Have you ever been on a diet (planned what you ate) in order to lose or gain weight? ____YES ____NO
- Rate how closely you monitor your eating habits with 1 being, “not at all, I eat whatever I want,” and 5 being moderately conscious of what I eat” and 10 being, “I closely monitor everything I eat and track calories.”
  
  1 2 3 4 5 6 7 8 9 10

- Please give approximate daily fluid/water intake: _________ fluid oz.

#### Developing your Plan

- How many days per week do you plan to commit to exercise? _____________
- How much time do you plan to allow per exercise session? _____________
- What days & times do you prefer to exercise? __________________________

Which building location is your preference?  
- ❏ Helen Newman
- ❏ Appel Commons
- ❏ Noyes
- ❏ Teagle

#### Strategies that Influence Fitness Success

Writing down goals can help you to visualize and articulate what you want to achieve. Which ones are the most important to you? Use the space below to record concrete commitments you are willing to make to work towards health and fitness goals. These should be challenging, but also realistic and attainable commitments.

- Commitment #1: __________________________________________________________
- Commitment #2: __________________________________________________________
- Commitment #3: __________________________________________________________

Trainer Notes: