

Member Name: _____ Date: ____/____/____

E-mail: _____ Phone: _____ Age: _____



Informed Consent for Participation in CFC Personal Trainer Program Activities—Individual, Partner, or Small Group

Explanation of Procedures

In order to participate in Personal Trainer led services and programs you will be asked to complete a health status questionnaire, a physical activity readiness questionnaire (PAR-Q), and an exercise habits and objectives form which are part of this packet. The information you provide will be used to determine whether medical clearance is necessary before purchasing services. Our trainers may use the information that you provide in this fitness intake packet to advise you and/or to plan elements within your 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. At your direction, your health information may be discussed in program sessions.

Personal Trainers educate participants about various fitness components, the variables involved in setting up a safe and effective program, and are available to discuss strategies to work towards fitness goals. 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. Instructional Personal Trainer services focus on helping you to get the most out of your workouts, including teaching 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 service 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. Effort will be made to minimize these risks through preliminary screening and providing instruction and feedback.

Benefits to be Expected

The potential 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 Personal Trainer led programs 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.

History (You have or have had:)

- any cardiovascular condition
- a heart attack
- heart or vascular surgery
- any cardiac-related procedure
- heart valve disease
- congenital heart disease
- heart murmur
- a thyroid condition
- diabetes

Symptoms:

- chest discomfort with exertion
- unreasonable breathlessness
- dizziness, fainting, and/or blackouts
- heart palpitations, skipped beats, or noticeable rhythm disturbance
- ankle swelling or other edema
- burning or cramping in your lower legs when walking short distances
- other: _____

Other Health Issues:

- test results suggesting impaired glucose levels
- musculoskeletal problems that limit activity
- are pregnant or postpartum
- difficulty breathing when lying down or sudden difficulty breathing at night
- current or past eating disorder
- asthma or other lung disease
- other: _____

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 $\geq 30 \text{ kg} \cdot \text{m}^2$.

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? Yes No _____

Do you take any prescription medications or supplements that may affect your heart rate or blood pressure? Yes No _____

Exercise Preferences and Habits

What would you like to achieve with an exercise program? List in order your 3 most important health and fitness objectives:

What kinds of activities do you enjoy (or are willing to try)?

Current exercise habits

Have you done consistent strength training workouts for the past 4 weeks (at least 3 times per week)? Yes No

Have you done consistent cardio workouts 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?

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

How much total time (in hours) do you spend each day?

Walking ____ Sitting ____ Standing ____ Driving ____ Lying Down/Sleeping ____ Exercising ____

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 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 location is your preference? Helen Newman Appel Commons Noyes Teagle Up Teagle Down

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: _____