Form B

Name: (please print)___________________________________
Signature: ______________________________________________
Date: ___________________

Par-Q Form

Many health benefits are associated with regular exercise, and the completion of PAR-Q is a sensible first step to take if you are planning to increase the amount of physical activity in your life.

For most people physical activity should not pose any problem or hazard. PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

Common sense is your best guide in answering these few questions. Please read them carefully and check YES or NO opposite the question if it applies to you.

YES  NO
☐  ☐  1. Has your doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor?
☐  ☐  2. Do you feel pain in your chest when you do physical activity?
☐  ☐  3. In the past month have you had chest pain when you were not doing physical activity?
☐  ☐  4. Do you lose balance because of dizziness or do you ever lose consciousness?
☐  ☐  5. Do you have a bone or joint problem that could be made worse by a change in your activity?
☐  ☐  6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
☐  ☐  7. Do you know of any other reasons why you should not do physical activity?

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:
1. Start a graduated exercise program
2. Take part in a fitness appraisal
However, if you have a minor illness (e.g., cold) you should postpone activity.

If you answered YES to one or more PAR-Q questions, you should consult your physician if you have not done so recently before starting an exercise program and /or having a fitness appraisal.
Health History Questionnaire

Name_______________________________________ Age______ Date of Birth___________________

First  Mi  Last

Address_______________________________________________________________________________

Street  City  State  Zip

Telephone (home)________________________________(cell)___________________________________

Occupation_________________________ Place of Employment________________________________

Education (check highest level) Elementary____ High School____ College____ Graduate____

Height_______  Weight ________

Personal Physician___________________________ Location_______________________________

Reason for last doctor visit?___________________________ Date of last physical exam_____________

Have you previously been tested for an exercise program? Yes_____ No_____ Year(s)_____

Location ______________

Emergency Contact________________________ Phone #____________ Relationship______________

PLEASE CHECK YES OR NO FOR THE FOLLOWING QUESTIONS

<table>
<thead>
<tr>
<th>PAST HISTORY</th>
<th>FAMILY HISTORY</th>
<th>PRESENT SYMPTOMS</th>
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<tbody>
<tr>
<td>(Have you ever had?)</td>
<td>(Have any immediate family members or grandparents ever had?)</td>
<td>(Have you recently had?)</td>
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Yes No

□ □ Chest pain/discomfort
□ □ Shortness of breath
□ □ Heart palpitations
□ □ Skipped heart
□ □ Cough on exertion
□ □ Coughing of blood
□ □ Dizzy spells
□ □ Frequent headaches
□ □ Frequent colds
□ □ Back pain
□ □ Orthopedic problems
MEDICAL CONDITIONS:

Please list recent hospitalizations (women please do not list normal pregnancies)

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<th>Year</th>
<th>Location</th>
<th>Reason</th>
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Any other medical problems not already identified?
_____________________________________________________________________________________
_____________________________________________________________________________________

Have you had your cholesterol measured? Yes___ No____; If yes, (value)___ (Date)____
Are you taking any prescription or non-prescription medications? (Include birth control pills)

<table>
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<tr>
<th>Medication</th>
<th>Reason for taking</th>
<th>For how long?</th>
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LIFESTYLE EVALUATION:

Do you currently smoke? Yes__ No__ If so, how much per day? <1/2 pack__ ½ to 1 pack__ 1 ½ to 2 pack__ >2 packs__
Have you ever quit smoking? Yes___ No__ When? ________ How many years did you smoke?________
Do you drink any alcoholic beverages? Yes___ No__ If yes, how much in one week?
Beer____(cans) Wine____(glasses) Hard liquor____(drinks)
Do you drink any caffeinated beverages? Yes___ No__ If yes, how much in one week?
Coffee____(cups) Tea____(glasses) Soft drinks____(cans)
On average, how many hours of sleep do you get each night? <4 hours__ 4-6 hours__ 6-8 hours__ >8 hours__
Are you currently following a weight reduction plan? Yes___ No____
If so, what type?
If so, how long have you been dieting? _____months
Is the plan prescribed by your doctor? Yes___ No__

Have you used weight reduction plans in the past? Yes___ No__
If yes, how often and what type:________________________________________________________

ACTIVITY LEVEL EVALUATION:

Do you currently engage in vigorous activity on a regular basis? Yes___ No__
If so, what type? ________________________________ How many days per week?________
How much time per day? <15 min____ 15-30 min____ 30-60 min____ >60 min____
What kind of recreational or leisure-time physical activities do you engage in on a regular basis?

<table>
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<tr>
<th>Activity</th>
<th>Times/Week</th>
<th>Minutes/Session</th>
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___________________________________________________________________________________________________
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What is your occupational activity level? sedentary____ light____ moderate____ heavy____
Do you ever have an uncomfortable shortness of breath during exercise? Yes___ No____
Do you ever have chest discomfort during exercise? Yes____ No____
If so, does it go away with rest? Yes____ No____

PERSONAL TRAINING GOALS:

Please indicate all of the reasons why you want to begin a personal training program.
To lose weight____ Doctor’s recommendation____ For good health____ Enjoyment____ Release of tension____
Improve physical appearance____ Improve athletic performance____ Other:______________________________
Fitness Services
Informed Consent

I desire to participate voluntarily in a progressive exercise program and/or various fitness tests in an attempt to assess and improve my physical fitness.

I understand that these physical activities and/or various fitness tests are designed to put a gradually increasing workload on my circulatory system and/or musculoskeletal system in an attempt to improve their function. The reaction of the system(s) to such activities cannot be predicted with complete accuracy. The possibility of certain unusual changes during or following the exercise session does exist. These changes could include abnormalities of blood pressure or heart rate, ineffective heart function, fainting, muscle strains, and possibly, in rare instances, a heart attack or cardiac arrest.

The benefits obtained from the various fitness tests might include an increased knowledge of chronic disease risk as well as baseline measures for the trainer to use in assessing improvements in your fitness level.

The benefits obtained from the exercise program might include a more efficient cardiovascular system, a decrease in the risk of heart disease and other chronic diseases, an improved muscular and skeletal system, and a higher quality of life.

I realize that it is necessary for me to report promptly any signs or symptoms indicating abnormalities or distress. I know that if there are any questions about the procedures or methods used during an exercise session or test, I should ask my trainer. If I have any doubt, concerns or questions I should ask for further explanation.

I have read this form and I voluntarily consent to participate in this exercise program and/or various fitness tests and realize that I am free to withdraw at any time.

Date____________________________________

Name (Please Print) ________________________________________________________________

Signature____________________________________________________________

Witness____________________________________________________________
Fitness Services

Welcome to Personal Training at The University of Alabama Student Recreation Center. Please observe the training etiquette outline below:

- It is expected that you will keep all scheduled appointments.
- Appointments should be cancelled **24 hours in advance**. Appointments not cancelled will be charged as a training session. The trainer will make up any sessions he/she has to cancel.
- All AM2 training will be charged per group meeting. **No** individual make up sessions.
- Please call if you are going to be late for your session. Trainers will wait fifteen minutes for late arrivals.
- Another qualified trainer may substitute in the event that your trainer is unable to attend the scheduled session.
- Home address, home numbers, and cell phone numbers for the personal trainers are not given to clients. Please call either of the numbers listed below in the event that you are going to be late or have to cancel a scheduled session:

  **Student Recreation Center Front Desk – 348-5164**  
  **Coordinator of Fitness Services – Jason Casey (348-6261)**

Feel free to call us at any time with any new ideas, suggestions, or comments. Our goal is to help you improve your fitness and overall quality of life. Thanks for choosing us to help you meet your fitness needs.

Date__________________________________________

Name (Please Print)__________________________________________

Signature__________________________________________