

Personal Trainer Participant Packet

Congratulations! If you are reading this then you have decided to take part in the Personal Training Program offered by the Vanderbilt University Campus Recreation Department. I truly hope this program gives you the tools and motivation necessary to achieve your best possible level of physical fitness.

Before you meet with your Personal Trainer it is highly recommended that you go to our Wellness Resource Center and have a full Fitness Assessment done to evaluate where you are physically. All services of the Wellness Center are free and they include; Fitness Assessments, Nutrition Consultations, Body Fat Testing and a library of exercise and fitness materials available for checkout. A Fitness Assessment will ascertain your level of cardiovascular health, strength, flexibility, Body fat, Endurance, and your resting heart rate and blood pressure. This information will be invaluable to your Personal Trainer to set up a program that is within your limits and for him/her to be able to push you physically with out you over-doing it. Call 343-6073 or email at wellness.center@vanderbilt.edu for an appointment, it only takes an hour!

Now let's get you started!

Please tear off the first 2 sheets and keep them for your records, and then fill out the rest of the packet. The forms are listed and described below:

PAR – Q & YOU:

Please answer Yes or No to the questions to be certain you do not have any health concerns that would limit your exercise capabilities. If you answer NO to all of the questions go on to the CONSENT AND ASSUMPTION OF RISK form. Fill out and sign.

1) HEALTH CARE PROVIDER'S CONSENT FORM:

Use ONLY if you answered YES to any of the PAR-Q & YOU form. Otherwise disregard.

2) Consent and Assumption of Risk:

The normal legal form stating you agree to participate and release the University of liability. Fill out and sign.

3) MEDICAL HEALTH AND HISTORY:

Fill out BOTH pages. Feel free to list any other pertinent information/goals on the second page.

4) ORTOPEDIC HISTORY: Fill out and sign.

5) NUTRITIONAL PROFILE: Fill out both pages entirely.

6) PAST AND CURRENT ACTIVITY HISTORY: Fill out and sign.

Please give your completed forms back to the Campus Recreation Center staff member along with your payment. If you need to have Doctors consent, do not pay at this time. When you return the doctors consent form you can pay then. I will be in contact with you regarding which trainer will work best with you and your goals, and then set up your first meeting with your own Personal Trainer! Thanks for your interest in our program.

Becky Spires – Wellness/Fitness Coordinator.

Vanderbilt University

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PAR – Q & YOU

(A Questionnaire for People 15 to 69)

Regular 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.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO for each.

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

If you answered:

NO to all questions:

If you answered NO honestly to all PAR-Q 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.

YES to one or more questions:

Talk to 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.

DELAY BECOMING MUCH MORE ACTIVE:

- ✓ If you are not feeling well because of a temporary illness such as a cold or fever – wait until you feel better; or if you are or may be pregnant – talk to your doctor before you start becoming more active.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your

Informed Use of the PAR – Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

Note: If the PAR – Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section must be used for legal or administrative purposes.

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

Name _____

Signature _____

Date _____

Signature of Parent _____

Witness _____

(If you are a non-Vanderbilt student under the age of 18)

**VANDERBILT UNIVERSITY
OFFICE OF CAMPUS RECREATION
HEALTH CARE PROVIDER'S
CONSENT FORM**

Clients' request for Clearance to participate in a Fitness Assessment and Exercise Program

Dear Dr. _____:

Your patient, _____, has expressed interest in beginning a supervised exercise program at Vanderbilt University Office of Campus Recreation, with a fitness trainer. This program may include a series of fitness assessments including any or all of the following procedures: a submaximal aerobic capacity test, a body fat estimate, flexibility test(s), and a battery of muscle strength and endurance measures. The nature of both the exercise testing and programming will depend on your patient's (1) stated health history as indicated from a completed health risk appraisal form, (2) stated fitness goals, and (3) feedback from his/her health care providers. All programming is done in accordance with the guidelines of the American College of Sports Medicine, and all trainers are CPR and Safety-First Aid certified.

By completing this Consent Form, you are not assuming any responsibility for our administration of the fitness tests and/or exercise programs. If, however, you are aware of any reasons, medical or otherwise, which might impact or be impacted by participation in an exercise program or from exercise testing, or are aware of any specific precautions and/or contradictions and/or guidelines which should be considered by the fitness trainer, please use the spaces below to provide sufficient detail.

If you have any questions regarding these matters, please call, the personal trainer, at (615) 343-6627. Any other questions or concerns should be directed to your patient.
(Place your initials beside the appropriate statement(s) and complete those which apply.)

_____ I know of no reason(s) why my patient, _____, should not participate in any of the fitness tests or exercise programming.

_____ To the best of my current knowledge, I believe my patient, is able to participate in the exercise testing and programming with the following restrictions and/or recommendations:

_____ I recommend that my patient does NOT participate in any exercise testing or programming until such time as I have consulted with him/her again.

(Health Care Provider's Signature)

(Date)

(Please Print Name Here)

(Phone Number)

VANDERBILT UNIVERSITY
OFFICE OF CAMPUS RECREATION

CONSENT AND ASSUMPTION OF RISK FOR
Personal Trainer
AND EVALUATION AND PHYSICAL FITNESS PROGRAMS

I, _____, DESIRE TO USE THE SERVICES OF A PERSONAL FITNESS TRAINER AT THE Vanderbilt Campus Recreation Center. I understand that working with a fitness trainer will involve a physical fitness program which may include aerobic activities (such as treadmill walking/running, bicycle riding, rowing machine exercise, group aerobic activity, swimming, and other such activities), calisthenics and weight lifting to improve muscular strength and endurance, and flexibility exercises to improve joint range of motion.

I understand that the reaction of the heart, lungs, and blood vessel system to such exercise cannot always be predicted with accuracy. I know that during or following exercise there is a risk that I may experience abnormal blood pressure or heart rate, ineffective functioning of the heart, and in rare instances, heart attacks. Use of the weight lifting equipment, and engaging in heavy body calisthenics, can lead to musculoskeletal strains, pain and injury.

I also understand that a program of a regular exercise for the heart and lungs, muscles and joints, has many associated benefits. These may include a decrease in body fat, improvement in blood fats and blood pressure, improvement in psychological function and a decrease in risk of heart disease. The amount and degree of benefits experienced will be relative to the adherence of an exercise program based on prescribed amounts of intensity, duration, frequency, progression and types of activity.

I have read the above information and I understand the potential risks and benefits of working with a fitness trainer and I voluntarily agree to assume such risks. Further, in consideration of Vanderbilt University providing me with a personal trainer, I hereby release and hold harmless attorney's fee from any claims or causes of action of any kind.

Signature

Date

**VANDERBILT UNIVERSITY
OFFICE OF CAMPUS RECREATION
MEDICAL AND HEALTH HISTORY QUESTIONNAIRE**

Name _____

Campus Address _____

City _____ State _____ Zip Code _____

Home Address _____ City _____ State _____

Phone Number _____ Pager Number _____

Birth Date _____

Physician's Name _____

Physician's Address _____

Date of Last Physical Exam _____

In Case of Emergency Contact: _____ Relationship _____

Phone: _____

MEDICATIONS

(Include any over the counter medications or other drugs you are taking currently or regularly)

| NAME | DOSAGE | PURPOSE | FOR HOW LONG? |
|------|--------|---------|---------------|
| | | | |
| | | | |
| | | | |
| | | | |

I HEREBY STATE THAT I HAVE TRUTHFULLY ANSWERED ALL OF THE ABOVE QUESTIONS TO THE BEST OF MY MEMORY AND KNOWLEDGE. SHOULD ANY CHANGES IN MY HEALTH HISTORY CHANGE, I ACKNOWLEDGE IT IS MY RESPONSIBILITY TO INFORM THE OFFICE OF CAMPUS RECREATION IN WRITING IMMEDIATELY.

SIGNATURE _____ DATE: _____

PRINT NAME _____

Please consult your physician(s) prior to starting an exercise program if you have any medical or orthopedic conditions which may impair or be impaired by an exercise program.

**VANDERBILT UNIVERSITY
OFFICE OF CAMPUS RECREATION
ORTHOPEDIC HISTORY**

Please list any current problems/chronic conditions or past orthopedic surgeries

- | | |
|-------------------|------------------------|
| ____ NECK | ____ SHOULDER/CLAVICLE |
| ____ ARM/ELBOW | ____ WRIST/HAND |
| ____ RIBS/CHEST | ____ SPINE |
| ____ PELVIS | ____ THIGH/HIPS |
| ____ KNEE/PATELLA | ____ LOWER LEG |
| ____ ANKLE | ____ FOOT/TOES |

If you have checked, any of the above please elaborate.

Sign and date that you have read and understand the page regarding orthopedic history.

Signature

Date

**VANDERBILT UNIVERSITY
OFFICE OF CAMPUS RECREATION
NUTRITIONAL PROFILE**

HEIGHT _____

CURRENT WEIGHT _____

YOUR "IDEAL" WEIGHT _____

DO YOU EAT BREAKFAST? IF SO, WHAT DO YOU NORMALLY EAT? _____

DO YOU SNACK? IF SO, WHAT ARE YOUR TYPICAL SNACK FOODS? _____

DO YOU EAT AWAY FROM HOME FREQUENTLY (3 or more times/week)? IF SO, HOW OFTEN? _____

HAVE YOU EVER DONE A PROGRAM LOW-CALORIE DIET? IF SO, WHICH ONE(S) AND WHEN? _____

HOW MUCH CAFFINATED BEVERAGES DO YOU CONSUME DAILY? _____

HOW MANY ALCOHOLIC BEVERAGES DO YOU CONSUME DAILY? _____ WEEKLY? _____

SO YOU CURRENTLY SMOKE? _____ IF SO, HOW MANY PER DAY? _____

IF YOU CURRENTLY SMOKE, ARE YOU INTERESTED IN STOPPING? _____

DID YOU EVER SMOKE? _____ IF SO, WHEN DID YOU STOP SMOKING? _____

IN THEY LAST 24 HOURS, WHAT HAVE YOU EATEN FOR: (include all beverages, esp. water)
BREAKFAST _____

SNACK _____

LUNCH _____

SNACK _____

DINNER _____

SNACK _____

Name _____

Date _____

COMMENTS:

**VANDERBILT UNIVERSITY
OFFICE OF CAMPUS RECREATION
PAST AND CURRENT ACTIVITY HISTORY**

ARE YOU CURRENTLY PARTICIPATING IN FITNESS OR SPORTS ACTIVITY?

IN WHAT SPORTS AND/OR ACTIVITIES DO YOU PARTICIPATE? _____

HOW OFTEN, AND FOR HOW MANY MINUTES PER DAY/SESSION? _____

WHAT AEROBIC ACTIVITIES, IF ANY, DO YOU DO? _____

HOW OFTEN (per week), HOW LONG (per session), AND AT WHAT INTENSITY (Scale 1=easy, 10=hard)?

WHAT STRETCHES, IF ANY, DO YOU DO? _____

WHAT TYPE OF STRENGTH TRAINING, IF ANY, DO YOU DO? _____

IF NOT CURRENTLY ACTIVE, HAVE YOU EVER PARTICIPATED IN A REGULAR FITNESS OR
SPORTS ACTIVITY? _____

IF SO, WHEN AND FOR HOW LONG? _____

WHY DID YOU STOP? _____

ARE THERE ANY SPORTS OR ACTIVITIES IN WHICH YOU WOULD LIKE TO BE ABLE TO PARTICIPATE
OR TO IMPROVE? _____

Are there any activities that you do not like to participate in? _____

Name _____

Date _____

COMMENTS: