

Vitality Fitness Assessment Form



Details

First name

Surname

ID number

Title Sex M F Date of birth Y Y Y Y M M D D

Discovery membership number Age

Contact number

Email address

Medical history

Asthma, if yes, Do you have an Asthma pump?

Back pain / Musculoskeletal pain

Chronic obstructive pulmonary disease

Clotting disorder

Diabetes, if yes: which type:

Heart disease / Stroke. If yes, which Cardiac / Peripheral Vascular / Cerebrovascular disease:

Do you have a pace maker?

Renal disease

High blood pressure

High cholesterol

Thyroid disease

None

Do you take prescription medication?

No Yes If yes, please specify:

How much exercise do you do per week?

Less than 150 minutes/week More than 150 minutes/week

Have you been told by a doctor not to exercise in the last 6 months?

No Yes

Have you had any injuries/hospitalisation in the last 6 months?

No Yes If yes, please specify:

Do you experience any of the following symptoms?

Pain in chest, neck, jaw, upper limb or upper back when exercising.

Swollen ankles

Abnormal shortness of breath at rest / during mild exertion / when lying flat

Dizziness or fainting during / after exercise

Abnormal heart beats / palpitations

Long standing leg / calf pain when exercising that is relieved by rest.

None

Are you pregnant or 6 weeks post pregnant?

No Yes

