

Multiply health and fitness assessment form

Section 1: Individual health and fitness assessment consent form

I consent that

my results will be disclosed to Momentum Multiply (Pty) Ltd ("Multiply"), and my associated medical scheme, my medical aid administrator, my employer and the Occupational Health staff at my employer.

I understand the purpose and benefit of such a test

is to enable Multiply to allocate points to me that will determine my Healthy Heart Score and fitness level, and my associated medical scheme and its administrator will store the data on their database to assess my health risk. Additionally, this data will be shared with my employer and the Occupation Health staff at my employer to help in programmes to understand my health status and improve it. These entities will keep the results confidential and will not disclose results to third parties without my consent and will implement security measures against unauthorised processing by any third party.

Indemnity

I understand that Momentum Metropolitan Holdings Limited, its directors and its employees will not accept any responsibility and shall not be liable for any injury, death, illness, loss or other damages of any nature (direct or indirect, special or consequential) suffered or incurred during or resulting from my participation in the aforementioned tests and the use of the results thereof. I have read and understood the above consent, purpose and indemnity.

Signature

Date - -

Section 2: Member's details

Please tell us more about yourself

Title Initial/s Date of birth - -

First name

Surname

ID/Passport number Age

Cellphone number

Email address

Postal address

Suburb Code

Medical aid details

Medical aid Main member

Medical aid option

Medical aid number

Dependant number

Multiply number

Date of assessment - -

Please tell us more about your lifestyle

Are you currently pregnant or have you had a baby in the past six months?

Y	N
---	---

If so, do you have a doctor's clearance letter to proceed with the fitness test?

Y	N
---	---

Do you smoke?

Y	N
---	---

How many minutes per week do you do moderate exercises?

mins

How many minutes per week do you do vigorous exercises?

mins

Do you have any injuries?

Y	N
---	---

If so, please provide more detail below.

Are you on medication?

Y	N
---	---

If so, please provide more detail below.

Have you had any of these medical conditions or medical procedures? Please tick all that apply.

Heart attack

Heart valve disease

Heart surgery

Heart failure

Cardiac catheterisation

Heart transplantation

Coronary angioplasty

Congenital heart disease

Pacemaker/implantable cardiac defibrillator/rhythm disturbance

Section 3: Health and fitness assessment results (to be completed by the health professional)

Health-related fitness assessment

Body composition

Multiply body fat test | Required

Height (cm)

--	--	--	--	--	--

Weight (kg)

--	--	--	--	--	--

Waist (cm)

--	--	--	--	--	--

Blood pressure

--	--	--	--	--	--	--	--	--	--

Glucose*

--	--	--	--	--	--

Cholesterol*

--	--	--	--	--	--

* These will be used for your Healthy Heart Score

Caliper test | Optional

Bicep

--	--	--	--	--	--

Subscapular

--	--	--	--	--	--

Tricep

--	--	--	--	--	--

Suprailiac

--	--	--	--	--	--

