

# 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.

Date D D - M M - 2 0 Y Y

# Section 2: Member's details

#### Please tell us more about yourself

Title			Init	ial/s			Dat	e of	birth	D	D	] -	Μ	Μ	_	Y	Y	Y	Y
First name																			
Surname																			
ID/Passport number							A	ge											
Cellphone number																			
Email address																			
Postal address																			
	Suburb												]	Code	2				
Medical aid details																			
Medical aid														Ma	ain m	nemb	er	Y	Ν
Medical aid option																			
Medical aid number																			
Dependant number																			

- M M -

Date of assessment

Multiply number

# Please tell us more about your lifestyle

Are you currently pregnant or have you had a baby in the past six	Y N		
If so, do you have a doctor's clearance letter to proceed with the fi	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 procedu	ıres? Please tick all th	nat apply.	
Heart attack		Heart valve disease	
Heart surgery		Heart failure	
Cardiac catheterisation		Heart transplantation	
Coronary angioplasty		Congenital heart disease	

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

# Health-related fitness assessment

Pacemaker/implantable cardiac defibrillator/rhythm disturbance

## **Body composition**

# Multiply body fat test | Required

Height (cm)	Weight (kg)	
Waist (cm)	Blood pressure	
Glucose*	Cholesterol*	

 $^{\star}$  These will be used for your Healthy Heart Score

# Caliper test | Optional

Вісер	Subscapular	
Tricep	Suprailiac	

### Strength test

Handgrip test L   Required			
1 minute push-up   Optional			

Handgrip test R | Required



# Cardiovascular fitness

#### S-Step

#### Start heart rate

Maximum heart rate - taken with Wahoo HR belt

Heart rate at 1 min rest - taken with Wahoo heart rate belt

#### 6 min walk test (for elderly and pregnant)

Heart rate at 6 min

## Arm ergometer test (for elderly, pregnant or paraplegic)

Average watts at the end of the test

Average heart rate in the last minute rest

Note: Health professional to choose the fitness test that best suits the member. The S-Step test is the preferred test.

Client signature		Date of assessment	D D - M M - 2 0 Y Y
Health professional initials	Surname		
Signature		Date of assessment	D D - M M - 2 0 Y Y

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