Vitality Fitness Assessment Form



Details								
First name Surname ID number Title Discovery membership number Contact number Email address	Sex M F Date of	of birth Y Y Y M M D D Age						
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?								
Do you take prescription n No Yes If	medication? f yes, please specify:							
How much exercise do you do per week? Less than 150 minutes/week More than 150 minutes/week								
No Yes	doctor not to exercise in the last 6 months?							
	s/hospitalisation in the last 6 months? f yes, please specify:							
Pain in chest, neck, jav Swollen ankles Abnormal shortness o Dizziness or fainting de Abnormal heart beats	ts / palpitations alf pain when exercising that is relieved by rest.							
No Yes								

Indemn	ity																																											
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Assessment results								
Height	Weight	Waist	Blood pressure systolic	diastolic				
cm	kg	cm						

Strength and flexibility tests								
Test results	Not achieved	Partially achieved	Achieved					
Overhead squat	0	1	2					
Split Squat	0	1	2					
Trendelenburg Step down	0	1	2					
Shoulder Mobility	0	1	2					
Push up	0	1	2					
Active Straight Leg Raise	0	1	2					
Rotation	0	1	2					

Heart Rate Response test:								
Treadmill submax	Speed	Final Heart Rate						
Cycle submax	ММР	VO ₂						