ODU Recreation and Wellness
Military Wellness
Health History Form

Physician’s Name: _________________________________
Physician’s Phone: _________________________________

Person to contact in case of emergency:
Name: ______________________________ Phone: (     )___________________

When was your last physical examination? _________________________________

Do you have any allergies? _____Yes     _____No
If yes, please list: ___________________________________

Have you been hospitalized? If so:
1. Reason: ______________________________ Date: __________________
2. Reason: ______________________________ Date: __________________
3. Reason: ______________________________ Date: __________________

Are you taking any medications or drugs? If so, please list medication, dose and reason.
___________________________________________________________________________________
___________________________________________________________________________________

Describe any physical activity you do somewhat regularly:
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Do you now, or have you experienced any of the following in the past: YES NO
1. History of heart problems, chest pains, or stroke?
2. Increased blood pressure?
3. Any chronic illness or infection?
4. Difficulty with physical exercise?
5. Advice from a physician not to exercise?
6. Recent surgery (last 12 months)?
7. Pregnancy (now or within last 3 months)?
8. History of breathing or lung problems?
9. Muscle, joint, or back disorder, or any previous injury still affecting you?  
10. Diabetes or thyroid condition?  
11. Cigarette smoking habit?  
12. Obesity (More than 20% over ideal body weight)?  
13. Increased blood cholesterol?  
14. History of heart problems in immediate family?  
15. Hernia, or any condition that may be aggravated by lifting weights?  
16. Has your weight fluctuated more than a few pounds?  
17. Do you sometimes have trouble sleeping?  
18. Have you suffered from migraine headaches?  
19. Have you felt nervous or anxious for no apparent reason?  
20. Have you experienced sudden tingling or numbness in your arms, legs, feet or your face?  
21. Do you experience pain or cramping in your legs?

Please explain any YES answers:
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Please circle any conditions or diagnosis that applies to you:

- Abnormal EKG
- Abnormal Chest X-Ray
- Rheumatic Fever
- Low Blood Pressure
- Asthma
- Bronchitis
- Emphysema
- Shoulder Problems
- Limited Range of Motion
- Arthritis
- Bursitis
- Swollen or Painful Joints
- Foot Problems
- Knee Problems
- Back Problems
- Pregnant
- Stroke
- Epilepsy or Seizures
- Chronic Headaches
- Persistent Fatigue
- Stomach Problems
- Hernia
- Anemia
- Recently Broken Bones

Has your physician imposed activity restrictions? If yes, please describe:
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

**Family History**

- Heart Attack or heart surgery prior to age 55
- Congenital heart disease or left ventricular hypertrophy
- Hypertension
- Leukemia or cancer prior to age 60
- Diabetes
- Stroke prior to age 50
- Obesity
- Asthma
- Osteoporosis
- High Cholesterol
Please indicate your personal health and fitness goals (circle all that apply):

- Weight loss
- Stop smoking
- Feel better
- Overall Fitness
- Lower Cholesterol
- Flexibility
- Reduce Stress
- Look Better
- Muscular Size
- Muscular Strength
- Aerobic Fitness
- Reduce Pain
- Improve Diet
- Sports Training
- Injury Rehab

What interests you about Military Wellness?

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

Training Expectations and Special Considerations (i.e. are you looking for a trainer long or short term, do you have any medical or other conditions your trainer should know about, etc.)

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

Comments:
The Physical Activity Readiness Questionnaire - PAR-Q
PAR Q & YOU (A Questionnaire for People Aged 15 to 69)

Regular fitness 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.

YES      NO

_____ _____ 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?

_____ _____ 2. Do you feel pain in your chest when you do physical activity?

_____ _____ 3. In the past month, have you had chest pain when you were not doing physical activity?

_____ _____ 4. Do you lose your balance because of dizziness or do you ever lose consciousness?

_____ _____ 5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?

_____ _____ 6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?

_____ _____ 7. Do you know of any other reason why you should not do physical activity?

If you answered YES to one or more questions:

Talk with your doctor by phone in person **BEFORE** you start becoming much more physically active or **BEFORE** you have your fitness assessment. 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 that are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.

Find our which community programs are safe and helpful for you.
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 assessment—this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

DELAY BECOMING MUCH MORE ACTIVE:

If you are not feeling well because of 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 fitness or health professional. Ask whether you should change your physical activity plan.

Informed use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, Old Dominion University Recreation and Wellness, 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.

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

_____________________________________        _____________________________________
Name                                                                                     Signature

__________________________
Date

_____________________________________         _____________________________________
Signature of Parent/Guardian (for participants under 18)  Witness

Canadian Society for Exercise Physiology


**ODU Recreation and Wellness Personal Training Informed Consent**

I hereby consent to voluntarily engage in the personal training activities that are recommended for improvement of my health. The levels of exercise I complete are based upon my fitness level as determined by the fitness assessment. I will be given information and instructions on the type and amount of exercise that I should perform. I agree to participate in accordance with my personal trainers' instruction. Certified trainers will provide instruction and leadership for your activities and monitor my performance and effort.

If I am taking any medications I have already informed both my trainer and the Coordinator for Fitness and Wellness in my medical history form and will update them with any changes made in my medication schedule.

I will complete my activities unless I feel dizzy, short of breath, chest pain, or fatigue occurs. I will notify my trainer if any of the above are experienced. I understand that it is my right to stop the exercise at any time.

I understand that during my training sessions, physical touching and/or positioning of my body may be necessary to be sure the activity is being done correctly so it does not cause injury. I consent to physical contact for that reason.

I understand and have been informed that there exists the possibility of adverse changes and/or risk of bodily injury occurring during exercise, including but not limited to: abnormal blood pressure, dizziness, fainting; in rare circumstances heart attack or death; and injuries to joints, tendons, and muscles. Every effort will be made to make sure these types of injuries do not occur, through assessments before the exercise is begun and proper supervision while exercises are being completed. I fully understand and accept the risks associated with exercise.

I understand that completing this program may improve my physical fitness and general well-being. I understand that participating in this program will not guarantee improvement at any level. I understand that participation in this program will help me learn proper ways to complete exercises and proper use of equipment.

I have been informed that any information obtained in the personal training program will be treated as confidential and will not be released to any person without my written consent except as required by law.

I have been given the opportunity to ask questions as it pertains to this program. I understand the risks associated with exercise and I agree to Old Dominion University Recreation and Wellness, its trustees, agents and employees harmless from any claims related to injury or illness that may result from my participation in the personal training program.

Participant Name (Please Print): ______________________________ Date: ______________
Participant Signature: ________________________________________
Coordinator for Fitness and Wellness: ______________________________
Eligibility
Military Wellness is a program for students who are currently serving in the military and student veterans. Eligible participants can receive free personal training sessions* and small group training sessions.
*Personal Training sessions are free for up to 12 sessions. After the initial 12 sessions, their eligibility to continue with personal training will be determined by the Coordinator for Fitness & Wellness in addition to the demand of clients signing up for personal training. Small Group Training is free for eligible participants, does not require prior registration and participants can attend as frequently as they would like.

Clients must be a currently enrolled student, faculty, or staff, or dependents or spouses of Old Dominion University.
ODU Recreation and Wellness reserves the right to deny training services to participants.
If a participant has a condition that puts him/her at risk for performing exercise, he/she will be asked to get a written consent from his/her personal physician.

Conduct of Training Sessions
All sessions will be conducted in a Recreation and Wellness Facility (UFC or SRC), which will be previously agreed upon by the trainer and the participant. Training sessions will be a maximum of 60 minutes in length. Each client will have a training record that contains the number of sessions purchased and the name of the trainer. After each session both the trainer and the client are required to sign and date the record.
The client must wear appropriate workout attire (shorts, t-shirts, sweatpants, tennis shoes, etc.)
No jeans, sandals, or open toe/heel shoes of any kind.
The fitness assessment will give the trainer a baseline of information, which will aid the trainer in developing a training program that meets the client's level of need and ability. Appropriate workout attire is needed for the fitness assessment as well.

1. CANCELLATIONS: Clients must cancel a session 24 hours in advance or you will forfeit a session. To cancel you may call the Student Recreation Center at 757-683-3384 between 6 a.m. and 9 p.m. Every effort will be made to reschedule an appropriately cancelled training session. Client/trainer contact information should be known by both parties. If you can’t contact your trainer, then call the Coordinator for Fitness and Wellness at 757-683-4517.
2. NO SHOW: If the client fails to give a 24 hour notification of cancellation, then restitution would be forfeiting a session.
3. LATE SHOWS: A 10 minute rule will apply for scheduled appointments. If you don't show within 10 minutes past your scheduled appointment, the personal trainer will not be obligated to train you on that particular day. If the trainer decides to leave after the 10 minutes, you will forfeit a paid training session. If the trainer stays and you show up, they will only train you for the remainder of the scheduled training hour.

I have read, understand, and will abide by the above agreement.