



UofL Health Promotion in Collaboration with the Department of Intramural Sports
U-FIT Enrollment Packet - STUDENT Fitness Assessment

Congratulations on taking this important step toward improving your health and fitness! The \$10 package includes the Fitness Assessment plus your Results, Recommendation, and FitCoaching appointment, as well as a U-FIT t-shirt. The purpose is to have fun, get connected with fitness resources, and gain confidence in your ability to move and be fit. This packet must be filled out completely prior to your first U-Fit appointment. This first page is yours to keep, for information and record.

The fitness assessment includes:

- Blood Pressure Reading
Resting Heart Rate
Height & Weight
Body Composition
3-5 Minute Step Test*
Sit-and-Reach Test*
Push-up Test*

*These 3 tests are optional and may not be performed if any of the following conditions are present:

- High Blood Pressure (over 140/90)
Currently on Heart or Blood Pressure Medication (unless have consent from your doctor/np)
Respiratory Complications

Results, Recommendation, & FitCoaching: You will be scheduled for an appointment about 7-10 days after your assessment to receive your assessment results and recommendations for fitness activities. You will then be scheduled for a follow up appointment to track your progress 4-6 weeks out.

NOTE: If you are unable to make your appointments you must reschedule with your FitCoach at least 24 hours in advance. Appointments will not be refunded.

GET STARTED!

Step 1: Print this packet. Complete Pre-Assessment Screening form on page 2. SKIP to Steps 3 and 4 if you answer "no" to all questions.

Step 2: If you answered "yes" to any screening questions in Step 1, download and have your medical provider complete the Medical Clearance Form and Letter to Medical Provider.

Step 3: Sign Consent and Release form on page 3

Step 4: Bring completed forms with you to your appointment in the SRC fitness lab.

Appointment Date: _____ Time: ____ - ____ am pm
Location: _____
NAME (printed) _____

On the day of your fitness assessment:

- Avoid caffeine and drink plenty of fluids
No strenuous exercise prior to assessment
Wear comfortable exercise clothes and shoes. (Please bring exercise shorts to change into, if you have any)
Set aside 1 hour for the complete assessment



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Pre-Assessment SCREENING FORM

Name _____ Date Form Completed _____

Address _____ Date of Birth ___/___/___ Age _____

Mobile Phone (____)____-____ 2nd Phone? (____)____-____

Email _____

Emergency Contact _____ Phone _____
2nd Emergency Contact _____ Phone _____

Since this information will be used to determine whether you may safely participate in Student Fitness Testing, it is very important that you answer all the questions accurately and completely. All information provided is confidential.

Place a check in the space to the left of the question to answer "Yes."

Leave blank if answer is "No."

- Do you have any personal history of heart disease including murmurs?
- Any personal history of diabetes or elevated blood sugars?
- Any history of any lung disease including asthma?
- Have you experienced pain or discomfort in your chest with exertion?
- Any unusual or severe shortness of breath with walking, climbing stairs or exercise?
- Have you had any problems with dizziness or fainting?
- Have you experienced any sustained heart palpitations (flip-flops) or fluttering?
- Do you have any joint or muscle problems which limit your ability to exercise?
- Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50?
- Are you pregnant or considering to become pregnant?
- Do you take any prescription medications on a regular basis other than prescription antihistamines such as Clarinex, Clarinex-D, Allegra, Allegra-D?
- Has a doctor ever denied or restricted your participation in exercise program or activity?

- **If you answered YES to any of the above questions, you must have the Medical Clearance form (download at louisville.edu/healthpromotion) completed by a medical provider before you can complete your Fitness Assessment.** Call (502)852-6479 for appointment with Campus Health Services at Cardinal Station, or (502)852-6446 for Campus Health Services HSC.
- **If you did not check any boxes above, complete page 3**



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Bring completed forms with you to your U-Fit appointment in the SRC fitness lab. If you need medical clearance and do not bring it with you, your appointment will be rescheduled.



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Student Informed Consent for Fitness Assessment and Release

The purpose of this fitness assessment is to evaluate cardiorespiratory fitness, body composition, flexibility and muscular endurance. The cardiorespiratory fitness test involves a sub-maximal bench step test. Body Composition will be analyzed to determine percentage of body fat using a skinfold caliper. Flexibility is determined by the sit and reach test. Muscular endurance will be determined by the one-minute push-up test.

I understand that I am responsible for monitoring my own condition throughout the assessment and should any unusual symptoms occur, I will cease my participation and inform the U-FIT fitness staff of the symptoms.

In signing this consent form, I affirm that I have read this form in its entirety and that I understand the attached description of the test and their components. I also affirm that my questions regarding the fitness program have been answered to my satisfaction.

In the event that a medical clearance must be obtained prior to my participation in the fitness testing program, I agree to consult with medical providers and obtain written permission from my physician or nurse practitioner prior to the commencement of any fitness assessment.

Also in consideration for being allowed to participate in the fitness assessment program, I agree to assume the risk of such testing and recommended activities, and further agree to release and hold harmless the University of Louisville, its Trustees and staff members conducting such testing from any and all claims, suits, losses or related causes of actions or damages, including, but not limited to, such claims that may result from injury or death, accidental or otherwise, during or arising in any way from the assessment program and workout recommendation.

PRINT Name of Participant _____

Signature of Participant: _____ Date: _____

U-FIT Staff: _____ Date: _____