

# Fitness Assessment

Thank you for your interest in a Fitness Assessment at the NDSU Wellness Center! Complete and return this form to the Customer Service Desk or email the completed form to [ndsu.wc.fitness@ndsu.edu](mailto:ndsu.wc.fitness@ndsu.edu) prior to your appointment.

Your assessment will begin with a body composition assessment. This will take 5 minutes, and provide highly accurate, safe, comfortable, and fast test results including Body Fat %, Total Body Mass and Resting Metabolic Rate. Read and follow the instructions below for best results. Upon completion of this assessment, you will have time to change into athletic clothing and shoes for the remainder of your fitness assessment. You may opt out of the body composition assessment if preferred.

## Participant Information (Please print)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Membership Type (Circle):    **Student**                      **Non Student**

Include Bod Pod Assessment (Circle):    **YES**                      **NO**

Please briefly describe your personal health and fitness goals below.

## BOD POD:

- For the most accurate Bod Pod results, you must be wearing minimal, form-fitting clothing. For example: Thin, fabric shorts, spandex-type swimsuit or single-layer compression shorts, or bike-style shorts (no padding). Spandex-type swimsuit (no wire or padding), bike-style shorts and sports bra (no wire or padding), exercise leggings and sports bra, or exercise leggings and tight-fitting shirt.
- You will be provided a swim cap to cover your hair during the assessment (there will be no water used during the assessment. The cap is used to decrease air pockets caused by your hair).
- Get an adequate amount of sleep (6 – 8 hours) the night before your assessment.
- Don't apply any lotions or skin creams prior.
- Remove glasses and jewelry (if possible) prior.
- Avoid high intensity exercise within 12 hours of the assessment.
- Avoid eating, drinking, and smoking at least 3 hours before the assessment.
- Use the restroom prior to your appointment.
- For more information about the Bod Pod visit: <https://www.cosmed.com/en/products/body-composition/bod-pod>

## FITNESS ASSESSMENT:

- Proper workout clothing and shoes required.
- Bring a water bottle or sports drink.
- Inform your trainer of anything that may affect your athletic performance prior to starting the assessment.
- Total time for assessment varies.

At the conclusion of the assessment, your trainer will go over your results, answer any questions you have, and help you set up an action plan based on your personal goals and your assessment results. You will be emailed a copy of your results the next business day.

To cancel or reschedule your appointment, please call (701) 231-7360 at least 12 hours prior to your scheduled appointment. Any cancellation made within 12 hours will be charged. There will be no refund given on unused assessments. Unused assessments cannot be transferred to another person. Fitness assessments expire 6 months after purchase date.

## **Please sign acknowledging policies and procedures.**

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

NAME \_\_\_\_\_ DoB \_\_\_\_\_

EMAIL \_\_\_\_\_ TEL \_\_\_\_\_

If you're aged 15-69, the PAR-Q will tell you if you should check with your doctor before significantly changing your physical activity patterns. If you're over 69 years and aren't used to being very active, check with your doctor. Please read each question carefully and answer honestly by ticking YES/NO.

	YES	NO
Has your doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor?		
Do you feel pain in your chest when you do physical activity?		
In the past month, have you had a chest pain when you were not doing physical activity?		
Do you lose balance because of dizziness or do you ever lose consciousness?		
Do you have a bone or joint problem ( for example back, knee or hip) that could be made worse by a change in your physical activity?		
Is your doctor currently prescribing medication for your blood pressure or heart condition?		
Do you know of any other reason why you should not take part in physical activity?		

If YES, please comment:

**If you answered YES to one or more questions:** You should consult with your doctor to clarify that it's safe for you to become physically active at the current time.

**If you answered NO to ALL of the questions:** It is reasonably safe for you to participate in physical activity, gradually building up from your current ability level.

I have read, understood and accurately completed this questionnaire. I confirm that I am voluntarily engaging in an acceptable level of exercise, and my participation involves a risk of injury.

SIGNATURE \_\_\_\_\_ PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_