

INFORMED CONSENT FOR EXERCISE

I desire to engage voluntarily in an exercise program in order to attempt to improve my physical fitness and general health. I understand that the activities are designed to place a gradually increasing workload on the musculoskeletal, metabolic, and/or cardiorespiratory system and thereby attempt to improve function. The reaction of the cardiorespiratory system to such activities can't be predicted with complete accuracy. There is a risk of certain changes that might occur during or following the exercise. These changes might include abnormalities of blood pressure or heart rate.

I understand that the purpose of the exercise program is to develop and maintain cardio-respiratory fitness, body composition, flexibility, muscular strength and/or endurance. All exercise programs include warm-up, exercise, and cool-down. The programs currently offered through the Health Promotions Department include, but are not limited to walking, aerobic exercise and strength training. All programs are designed to place a gradually increasing workload on the body in order to improve overall fitness. The rate of progression is regulated by exercise target heart rate and perceived effort of exercise.

I understand that I am responsible for monitoring my own condition throughout the exercise program and should any symptoms occur, I would cease my participation and inform the instructor/leader of the symptoms immediately.

In the event that a medical clearance must be obtained prior to my participation in the exercise program, I agree to consult my medical provider and obtain their approval prior to the commencement of any exercise program.

Also, in consideration for being allowed to participate in this exercise program, I agree to assume the risk of such exercise, and further agree to hold harmless Army Public Health Nursing, Army Preventive Medicine Department, Health Promotions Section, San Antonio Military Medical Center or its employees and agents, specifically personal trainers supporting any of these activities, from any and all claims, suits, losses or related causes of action for damages, including, but not limited to, such claims that may result in my injury or death, accidental or otherwise, during or arising in any way from the exercise program.

In signing this consent form, I affirm that I have read this form in its entirety and I understand the nature of the exercise program. I also affirm that my questions regarding the exercise program have been answered to my satisfaction.

I further acknowledge that I have read the above PAR-Q and either have none of the identified issues and no other concerning health issues OR state that I will seek physician approval before starting a new fitness activity or dramatically increase my activity level (duration, frequency or intensity.) I understand this is my responsibility and that by not seeking medical approval to participate I am placing myself at risk and assuming ALL liability.

ONCE SIGNED, email all documents to:

Digital Signature & Date

karen.l.shepherd2.naf@mail.mil

Physical Activity Readiness Questionnaire (PAR-Q)

- Regular physical 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 eight questions 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: Yes or 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 (for example, back, knee or hip) 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?**
 8. **Has your doctor ever told you that you have diabetes?**

If you have ANY of the issues identified: You should talk to your doctor **BEFORE** you become more active.

If you answered “NO” to all of the PAR-Q questions: You can be reasonably sure that you can participate in further activity.

HOWEVER, DELAY BECOMING MUCH MORE ACTIVE:

- If, you are not feeling well because of a 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.



Physician Approval Form

Physician Instructions: Please complete and return to Ft. Belvoir Civilian Health and Fitness Coordinator POC by:

- Returning a copy via your patient
- Mailing to: Ft. Belvoir DFMWR Sports and Fitness
ATTN: Civilian Health and Fitness Program POC, Karen Shepherd
9250 Gunston Road, Building 1481
Fort Belvoir, VA 22060

Patient name: _____

Participation in the Ft. Belvoir Civilian Health and Fitness Program is as follows:

Medical Approval for full participation; no restrictions/limitations

Medical Approval with restrictions/limitations

Not Medically Cleared

I understand that the program includes mild to moderate intensity exercise, and is conducted in unsupervised groups or individually. I also understand that participation is voluntary, allowing the participant to stop and rest at any time he or she desires. The following restrictions apply (write "none" if no restrictions apply):

Physician's Printed Name: _____

Physician's Signature: _____ and authentication stamp: _____

Office Telephone Number: _____

Date: _____

Fitness Staff Approval Form

I hereby acknowledge that _____ has completed all necessary pre-participation paperwork and has been entered into the Rec-Trac system. Upon approval, the participant's six month health and fitness program period may begin immediately.

(Fitness Staff Printed Name)

(Date)

(Fitness Staff Signature)

Commander's Civilian Health and Fitness Program

Participant Name: _____ DOB: _____

Resting Heart Rate: _____ Height: _____ Weight: _____

Systolic Blood Pressure (mmHg): _____ Diastolic Blood Pressure (mmHg): _____

BMI: _____ (Body Mass Index = [Body Weight (lbs) / Height (in²)] x 725)

Physical Activity Level Calculation

Please complete electronically and return to karen.l.shepherd2.naf@mail.mil

Micro-Fit Assessment

| Fitness Component | Test | Raw Measure | Final |
|-----------------------------|---------------------|--------------------------|-------------|
| Body Composition | Skin Fold Calipers | | _____ % Fat |
| | Triceps/Chest | | |
| | Hip/Waist | | |
| | Thigh | | |
| Flexibility | Sit and Reach | _____ cm | |
| Muscular Endurance | Push ups Sit ups | _____ Max _____ 1 Min | |
| Muscular Strength | Bicep Curl | _____ Lbs | |
| Cardiovascular | Ergo Bike | _____ ml/kg/min | |
| Total Fitness Score: | | | |

Functional Movement Screen

| TIBIAL TUBEROSITY: | | HAND LENGTH: | | |
|---------------------------------|---|--------------|-------------|----------|
| EXERCISE | | RAW SCORE | FINAL SCORE | COMMENTS |
| Deep Squat | | | | |
| Hurdle Step | L | | | |
| | R | | | |
| Inline Lunge | L | | | |
| | R | | | |
| Shoulder Mobility | L | | | |
| | R | | | |
| Impingement Clearing Test | L | | | |
| | R | | | |
| Active Straight Leg Raise | L | | | |
| | R | | | |
| Trunk Stability Pushup | | | | |
| Press-Up Clearing Test | | | | |
| Rotary Stability | L | | | |
| | R | | | |
| Posterior Rocking Clearing Test | | | | |
| Total | | | | |

Muscular Endurance Assessment

| EXERCISE | COMMENTS |
|---------------------|----------|
| 500m Row/800m Run | |
| 40 Squats | |
| 30 Sit Ups | |
| 20 Push Ups | |
| 10 Pull Ups or Rows | |
| TIME: | |