

Part 1 - All gym users

First Name Last Name..... Male [] Female []

Month and Year of Birth (MM/YY): [/]

Email address:

Medical History (please tick boxes that apply)

Do you suffer from a chest condition [] Are you currently pregnant []

Do you suffer from dizziness or loss of consciousness [] Are you diabetic []

Do you suffer from breathlessness or chronic asthma [] Do you suffer from epilepsy []

Are you aged over 65 and unaccustomed to regular exercise []

Have you ever had chest pain brought on by exercise or at rest lasting more than 60 seconds? []

Have you ever been diagnosed with osteoporosis or suffer from bone or joint problems? []

Do you or have you taken medication for high or low blood pressure or a heart condition []

If you have ticked any of the questions above we will need verification from the GP that they are happy for you to exercise. A member of staff will give you a letter to take to your GP. In the meantime, you can use the facilities for a **Gentle swim** only.

Pre-Cholesterol/Glucose Test History (please tick boxes that apply)

Personal history of Coronary Heart Disease [] Personal history of High Cholesterol [] Do you have any blood disorders []

Personal history of High Blood Pressure [] Are you taking any medication for High BP or Cholesterol []

I declare that the above details are correct to the best of my knowledge. I agree that I will notify the Health Club of any changes to my medical condition. I understand that I have been advised not to undertake exercise beyond the range, duration and intensity advised by Club staff. Vital Health & Fitness and owners of the club will not be held responsible in any way for any harm or injury to any user who ignores the above advice whilst using the facilities.

(Delete if not applicable) I agree to provide a finger stick blood sample for the purposes of monitoring my cholesterol or blood glucose at my own risk. This consultation can only provide general information and not personalised medical advice. We will not accept any liability arising from this consultation or any information provided to you as a result of it.

We have systems and procedures in place to maintain security and confidentiality and comply with the Data Protection Act 1998. We will store any information that you provide both on paper and electronically, in secure conditions.

Signed: Next of Kin :

Print: Tel No:

Date: Doctor:

Doctor Address

Tel No:

Part 2 - Member’s health check

Lifestyle Questions-Please state the following:

On a scale of 1-5 how active are you at work [] *Physically Inactive = 1 Extremely Active = 5*

On a scale of 1-5 how active are you in your spare time [] *Physically Inactive = 1 Extremely Active = 5*

How many hours of undisturbed sleep do you get per night? []

Are you concerned about you sleeping habits? [] *Never = 1 and extremely = 10*

Do you smoke? Yes [] If yes, when did you start smoking (mm/yy) [] How many do you smoke per day []

If given up smoking—How many did you smoke per day [] When did you start smoking (mm/yy) []

When did you give up (mm/yy) []

Do you vape? Yes [] If yes, How many ml of e-liquid do you consume per day? [] How many mg of nicotine do you consume per day [] Approximate date you started vaping []

How many days of the week do you drink []

On average how many units do you drink per session [] Do you binge drink Yes [] No []

On a scale of 1-10 how stressed are you [] *Not stressed = 1 Extremely stressed = 10*

On a scale of 1-10 how worried are you about your eating habits [] *Not worried = 1 Extremely worried = 10*

Physical Test Results

☐ Height: [] cm / Weight: [] Kg / Peak Flow: [] ltr/min

☐ Aerobic Capacity Score (VO2) [] ml/kg/min

☐ Body Fat: [] % Hydration: [] % Flexibility: [] cm

☐ Blood Pressure 1 : / Blood Pressure 2: / Blood Pressure 3: / Resting HR: BPM

☐ Finger Prick Sample: Total Cholesterol [] mmol/l

Glucose mmol/l []

Results Explained

Aerobic capacity (VO2)

Aerobic capacity (VO2) is a measure of your stamina or endurance. It is the ability of your heart, lungs, blood vessels and muscles to take up and use oxygen

Male - VO2 Results

15-19	20-29	30-39	40-49	50-59	60-65	AGE RANGE	15-19	20-29	30-39	40-49	50-59	60-65
60+	55+	50+	46+	44+	40+	Excellent	55+	50+	46+	43+	41+	39+
48-59	44-54	40-49	37-45	35-43	33-39	Good	44-54	40-49	36-45	34-42	33-40	31-38
39-47	35-43	34-39	32-36	29-34	25-32	Average	36-43	32-39	30-35	28-33	26-32	24-30
30-38	28-34	26-33	25-31	23-28	20-24	Below Average	29-35	27-31	25-29	22-27	21-25	19-23
<30	<28	<26	<25	<23	<20	Poor	<29	<27	<25	<22	<21	<19

Female - VO2 Results

BMI (Body Mass Index)

The Body Mass Index (BMI) rating is an indicator of total body composition. BMI is used to estimate the total amount of body fat, but it does not differentiate between body fat and muscle mass and may not accurately reflect changes in body composition.

Body Mass Index

Underweight	<18.50
Normal Range	18.5 - 24.99
Overweight	25 - 29.99
Obese Class 1	30 - 34.99
Obese Class 2	35 - 39.99

Sit & Reach - Flexibility

Flexibility is the range of movement available to a joint or group of joints. The Sit and Reach test gives a good indication of the overall flexibility as it involves the calves, hamstrings, pelvis, lower back, shoulders and arms.

Sit and Reach - MALE RESULTS

Age Group	Excellent	Good	Average	Below Av	Poor
15 - 19	47+	41 - 46	36 - 40	30 - 35	<30
20 - 29	44+	39 - 43	35 - 38	31 - 34	<31
30 - 39	42+	38 - 41	34 - 37	28 - 33	<28
40 - 49	41+	36 - 40	31 - 35	26 - 30	<26
50 - 59	40+	34 - 39	29 - 33	24 - 28	<24
60+	38+	33 - 37	28 - 32	22 - 27	<22

Sit and Reach - FEMALE RESULTS

Age Group	Excellent	Good	Average	Below Av	Poor
15 - 19	47+	41 - 46	38 - 41	33 - 37	<33
20 - 29	46+	41 - 45	37 - 40	32 - 36	<32
30 - 39	45+	40 - 44	36 - 39	31 - 35	<31
40 - 49	44+	39 - 43	35 - 38	30 - 34	<30
50 - 59	43+	38 - 42	34 - 37	29 - 33	<29
60+	42+	37 - 41	33 - 36	28 - 32	<28

Body Fat

An excess of body fat can increase the risk of heart disease, high blood pressure, diabetes, joint problems and other medical conditions.

% Body Fat — Men

Age	Under	Healthy	Over Fat	Obese
20-39	<7	7-19	20-25	>25
40-59	<10	10-22	23-28	>28
60-79	<12	12-25	26-30	>30

% Body Fat — Women

Age	Under	Healthy	Over Fat	Obese
20-39	<21	21-33	34-39	>39
40-59	<23	23-34	35-40	>40
60-79	<24	24-35	36-42	>42

Total Cholesterol

Rating	Range
Ideal	< 4
Desirable	4 - 4.9
Increased Risk	5 - 6
Undesirable	> 6

Blood Pressure

Blood pressure is essentially the force of the blood flow through the arteries. Taking steps to keep blood pressure within the recommended ranges can reduce your risk of suffering from heart disease.

Glucose

Rating	Heart Rate Range
Undesirable	< 4
Desirable	4 - 7.9
Increased Risk	8 - 10.9
Undesirable	=> 11

Blood Pressure Rating

	Systolic BP (mm Hg)	Diastolic (mm Hg)
Low blood pressure	<= 90	<= 60
Normal blood pressure	91—119	61—79
Pre High blood pressure	120—139	80—89
Grade 1 hypertension (mild)	140—159	90—99
Grade 2 hypertension (moderate)	160—179	100—109
Grade 3 hypertension (severe)	>180	>110
Isolated systolic hypertension (Grade 1)	140—159	<90
Isolated systolic hypertension (Grade 2)	>160	<90

National Clinical Guidelines against which assessment made:

The British Hypertension Society
 Canadian Society of Exercise Physiology
 ACSM for Testing and Prescription Guidelines
 World Health organisation
 Joint British Societies
 NICE
 Diabetes UK

Referred to GP Yes [] No []