

Vitality Fitness Assessment Form



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Contact us

Tel: 0860 00 5433, PO Box 3888, Rivonia 2128, www.discovery.co.za

1. Details

First name

Surname

ID number

Title Sex M F Date of birth

Discovery membership number Age

Contact number

Email address

2. Medical history

Please tick if you have ever had any of the below mentioned conditions:

Have you ever had

A heart attack Heart surgery Cardiac catheterisation Coronary angioplasty

Pacemaker/implantable defibrillator/rhythm disturbance Heart valve disease Heart failure

Heart transplantation Congenital heart disease

Current symptoms

You experience symptoms like:

Chest discomfort with exertion Unreasonable breathlessness Dizziness, fainting or blackouts Ankle swelling

Unpleasant awareness of a forceful or rapid heart rate You take heart medication(s)

Current Medical Conditions

You have other health issues such like:

Diabetes Asthma or other lung disease

Any muscle or joint problems that limit your physical activity/that could be aggravated by physical activity

Burning or cramping sensation in your lower legs when a walking a short distance

Have concerns about the safety of your exercise Take prescription medication(s) You are pregnant

- If one or more of the phrases above is ticked, you are advised to consult your doctor before starting any physical activity programme (low, moderate or vigorous intensity) or before increasing your activity level.
- Waiver:
 - I understand that the answers I have given to the questions about my health may indicate a potential health risk in relation to exercise. I have been advised to consult my doctor to discuss my answers with him/her before starting an exercise programme or increasing my physical activity.

Signed at on

3. Preclusions

Please tick if any of the below mentioned is relevant to you.

You are a man older than 45 years You are a woman older than 55 years

You smoke or quit smoking within the previous 6 months

Your blood pressure is equal or greater than 90/140 mmHG OR

You don't know your blood pressure OR

You take blood pressure medication

Your blood cholesterol level is >200mg/dL (>5.2 mmol/l) OR

You don't know your cholesterol level

You have a close blood relative who had a heart attack before age 55 (father or brother) or age 65 (mother or sister)

You have pre-diabetes

You do not know if you have pre-diabetes

