

Vitality Fitness/Functional/High Performance Assessment Form



Contact us

Tel: 0860 99 88 77, 1 Discovery Place, Sandton, 2146. www.discovery.co.za

1. Details

Name

Surname

Initials Title Sex M F Date of birth Y Y Y M M D D

ID/Passport number

Telephone (H) Telephone (W)

Cellphone

Email

Discovery membership number

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 Renal disease
- Any muscle or joint problems that limit your physical activity or that could be aggravated by physical activity
- Burning or cramping sensation on in your lower legs when walking a short distance
- Have concerns about the safety of your exercise Take prescription medication(s) You are pregnant

3. Covid-19 Condition

Have you been sick with Covid-19 in the past year? Yes No

If Yes, did you require hospitalization? Yes No

If yes, what was your duration of hospital stay?

Do you currently have any prolonged symptoms from being sick with Covid-19? Yes No

If Yes, please specify symptoms:

4. 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 last 6 months
- Your blood pressure is equal or greater than 140/90 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
- You are physically inactive (ie you get less than 150 minutes of physical activity a week).
- You have a cardiovascular or metabolic or renal disease, and/or signs and symptoms suggestive of these diseases.

5. Consent Process

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I, _____, do hereby consent to health screening as part of the Vitality Fitness Assessment/ Vitality Functional Assessment/ Vitality High Performance Fitness Assessment.

I acknowledge that this is a screening assessment and should any of my tests fall outside of normal parameters, I am responsible for monitoring further investigations that can be required.

If one or more of the 'Medical History' or 'Preclusions' checkboxes above are checked, you are advised to consult with your doctor and get clearance from the doctor before doing a fitness test.

I agree that Discovery Vitality and its contracted research partners may use the results from the Vitality Fitness Assessment/ Vitality Functional Assessment/ Vitality High Performance Fitness Assessment for statistical and research purposes. Data will be anonymised.

My participation in the Vitality Fitness Assessment/ Vitality Functional Assessment/ Vitality High Performance Fitness Assessment, is voluntary and at my own risk. I am aware that under no circumstances, including as a result of its negligent acts or omissions or those of its staff, servicers, agents, contractors, partners or other persons for whom in law it may be liable, will Vitality or the Biokineticist conducting this assessment be liable for any loss, injury or damage of any nature which I, my beneficiaries or any third parties may sustain as a result of my participation in this Vitality Fitness Assessment/ Vitality Functional Assessment/ Vitality High Performance Fitness Assessment. I further confirm that the information provided by me in this consent form is true and correct and shall not hold Discovery Vitality/ Discovery Limited and/or the Biokineticist for any misrepresentation of such information.

*I understand that the assessment is not suitable for pregnant women and that Discovery Vitality will not be liable for any injury to myself or my unborn child should I request the bio to perform the assessment while I am pregnant. Should there be a need for Discovery Vitality to process your personal information arising from the Vitality Fitness Assessment/ Vitality Functional Assessment/ Vitality High Performance Assessment, Discovery Vitality confirms that such processing shall be in line with the Vitality Main Rules.

Signed at (town or city) on 2 0 Y Y M M D D

Signature

*If this is applicable to you.