

# Coahoma Community College Fit for Life Healthy Campus Initiative Fitness Assessment

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Gender:  Female  Male CCC Affiliation:  Employee  Student(on-campus)  Student(off-campus)

## Pretesting Data

**Must be completed by Test Administrator**

Height (ft.) \_\_\_\_\_ Current Weight (lbs): \_\_\_\_\_ Waistline Measurement (in.) \_\_\_\_\_

Resting Heart Rate: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Body Fat Percentage: \_\_\_\_\_

Total Sit-ups: \_\_\_\_\_ Total Pushups: \_\_\_\_\_ Sit and Reach: \_\_\_\_\_ 3 Minute Step Test: \_\_\_\_\_

Maximum Heart Rate Formula:  $220 - \text{age} = \text{Maximum Heart Rate}$ : \_\_\_\_\_ 85%HRMax \_\_\_\_\_

## Health Risk Assessment

To provide you with the best service possible, it is important for us to review issues that might impact your health. This form is confidential and will be kept in your file for CCC Fit for Life Healthy Campus Initiative staff members to review.

1. Please List medications (prescriptions, over-the-counter, dietary supplements taken regularly and the reason for taking: \_\_\_\_\_  
\_\_\_\_\_
2. Please list any food or drug allergies: \_\_\_\_\_
3. Do you use tobacco products?  Yes  No If yes, Please list name of product and how often and how much? \_\_\_\_\_
4. Have you or a family member ever been told that you have diabetes?  Yes  No If yes, Who? \_\_\_\_\_
5. Do you have any known cardiovascular problems (high blood pressure and heart problems)?  Yes  No If yes, please explain: \_\_\_\_\_
6. Has your doctor ever told you your cholesterol level is high?  Yes  No
7. **Women Only:** Are you pregnant or did you have a baby less than six weeks ago?  Yes  No
8. Please tell us your desired weight goals: \_\_\_\_\_
9. Do you need nutritional counseling?  Yes  No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
10. Have you been exercising regularly for the past 6 months?  Yes  No

## Emergency Contact Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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## Release and Waiver of Liability

**RELEASE AND WAIVER OF LIABILITY PARTICIPATION IN ANY ACTIVITY WITHIN THE COAHOMA COMMUNITY COLLEGE FIT FOR LIFE HEALTHY CAMPUS INIATIATIVE OR ANY OTHER RECREATION FACILITY IS AT THE SOLE DISCRETION AND JUDGMENT OF THE MEMBER AND AT HIS OR HER OWN RISK.**

I, the undersigned, assume full responsibility for death, injuries, catastrophic injuries or damages which may occur to me in, on, or about the premises of the facility and do hereby fully and forever release and discharge Coahoma Community, the Board of Trustees, employees and representatives from any and all suits, claims, damages, costs and expenses of every kind in conjunction with the use of the Campus Recreation facilities and thereof equipment associated. I, the undersigned, acknowledge that the Personal Training Fitness Assessment hereunder includes participation in physical activities, including but not limited to, various aerobic exercises, muscular endurance and or resistance training, flexibility and other physical measurements. The member acknowledges these physical activities may be strenuous and may involve inherent risk of physical injury. Member agrees to assume all risk and responsibility involved with participation in these physical activities. I, the undersigned, certify that the information I have given on this form is complete and accurate.

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Test Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Post Testing Data

***Must be completed by Test Administrator***

Event: \_\_\_\_\_ Date: \_\_\_\_\_ Weight (lbs): \_\_\_\_\_

Resting Heart Rate: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ %Body Fat: \_\_\_\_ Waist (in.) \_\_\_\_\_

Total Sit-ups: \_\_\_\_\_ Total Pushups: \_\_\_\_\_ Sit and Reach: \_\_\_\_\_ 3 Minute Step Test: \_\_\_\_\_

**\*\*Results\*\* Total Weight Loss: \_\_\_\_\_ Total Waistline Loss: \_\_\_\_\_ Total % Body Fat Loss: \_\_\_\_\_**

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### Post Testing Data

***Must be completed by Test Administrator***

Event: \_\_\_\_\_ Date: \_\_\_\_\_ Weight (lbs): \_\_\_\_\_

Resting Heart Rate: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ %Body Fat: \_\_\_\_ Waist (in.) \_\_\_\_\_

Total Sit-ups: \_\_\_\_\_ Total Pushups: \_\_\_\_\_ Sit and Reach: \_\_\_\_\_ 3 Minute Step Test: \_\_\_\_\_

**\*\*Results\*\* Total Weight Loss: \_\_\_\_\_ Total Waistline Loss: \_\_\_\_\_ Total % Body Fat Loss: \_\_\_\_\_**