

Vitality Fitness Assessment Form



Contact us

Tel: 0860 99 88 77, PO Box 653574, Benmore 2010, www.discovery.co.za

Postal / Residential Address

 _____ Code _____

1. Details

First name

Surname

ID number

Title Sex M F Date of birth

Discovery membership number

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 Renal disease
 Any muscle or joint problems that limit your physical activity or that could be aggravated by physical activity
 Burning or cramping sensation 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. 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.

Vitality Fitness Assessment Consent Form



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Discovery membership number

I, _____, do hereby consent to health screening as part of the Vitality Fitness Assessment. I understand that it will include my results from the Vitality Age assessment medical and family history, measuring my blood pressure, height and weight, waist circumference, as well as a physical activity component consisting of a sub-maximal bike test, treadmill walk test, or an arm ergometer test, or maximal effort bike test, or maximal speed run test, as well as a strength and flexibility test.

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 ticked, you are advised to consult with your doctor and get clearance from the doctor before doing a fitness test.

I participate in the Vitality Fitness Assessment voluntarily and do not hold Discovery Vitality or the healthcare professional liable for any damage or injury caused while doing so.

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

My participation in the Vitality Fitness 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 you, your beneficiaries or any third parties may sustain as a result of my participation in this Vitality Fitness Assessment/ Vitality High Performance Fitness Assessment.

*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.

Signed this day of 20

Signature

*If this is applicable to you.