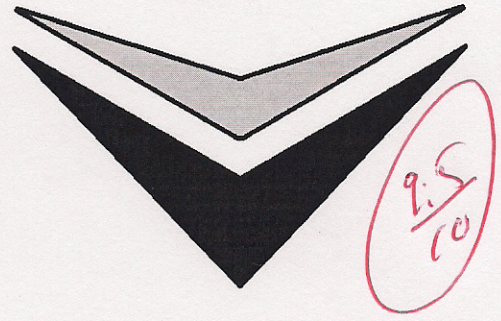


Fourth Dimension Fitness
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fitness@fourthdimensionfitness.ca
fourthdimensionfitness.ca
(527) 725-2755
Kiyoshi Perkins, Owner/Operator



Dear Mr. Andrew,

Thank you for your time and cooperation during our fitness assessment at Fourth Dimension Fitness. I am pleased to inform you that your performances during the flexibility test and the push-up test achieved great result; and your cardio isn't as terrible as you believe it to be – evidently your current physical activity program is having a positive effect. Your body composition is close to that of an elite-level athlete.

There are a few areas that we can concentrate on first, such as muscular strength and anaerobic power. Your prior lower-back injury did not seem to be a factor during the test, neither was your asthma. I know we can meet your circus-related fitness goals, improve on all of your physical aspects, and make you the best version of you!

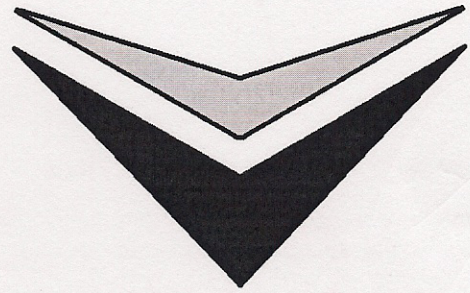
Please do not hesitate to contact me to book your training sessions, or with any further questions. I would like to offer you a discount of 25% off a one-month training package with the code FIRSTIME25.

Thank you again for coming in for your fitness assessment Mr. Andrew, we will see you soon!

Sincerely,

Kiyoshi Perkins
Owner/Operator

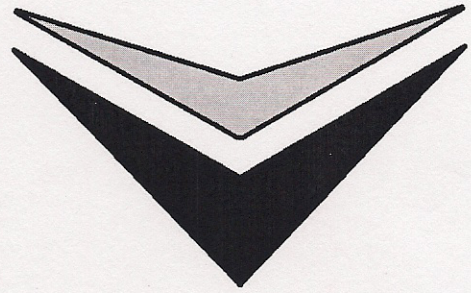
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Body Composition ✓	Triceps Brachii: 3mm Subscapular: 10mm Iliac Crest: 4.1mm Abdominal: 7.1mm Chest: 7mm Front Thigh: 6.5mm TOTAL: 37.7mm BF: 7.3%	Client was college-aged athletic male, therefore Yuhasz calculation was most appropriate for a whole-body picture.
Muscular Endurance	Push-up test: 66 repetitions performed. Result: Above the 90 th Percentile	Constrained by lack of equipment for relative load test. Pushups do allow for upper-body and core muscles to be engaged, appropriate for circus techniques and wrestling.
Aerobic Power	mCAFT test End stage: 7 Result: Good (664)	Current state of repair on treadmills dictated mCAFT. Standard stairs present in lab.
Flexibility	Sit-and-Reach Box test Attempt 1: 45.7cm Attempt 2: 44.5cm Attempt 3: 44.7cm Result: Excellent	Wrestling and circus techniques require dynamic and static flexibility.
Muscular Power	Standing Long Jump test Attempt 1: 243.84cm Attempt 2: 247.65cm Result: Very Good	Wrestlers need to move forward in a very explosive manner
Muscular Strength ✓	Hand-grip Dynamometry test Left hand: 51kg Right hand: 56kg Combined: 107kg Result: Average	Important aspect in wrestling, and in many circus techniques.
Anaerobic Power ✓	30 second Wingate test RPM values: 6, 6, 6, 8, 9, 8 TOTAL: 43 Mean Power: 6.57 = Below Average Peak Power: 8.25 = Average Fatigue Index: 27%	Cycling creates less of an impact on the body, did not want to exacerbate the prior lower-back injury with AST test.

walks/kg.

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Informed Consent for Exercise Testing

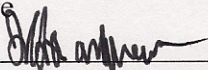
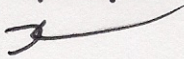
I Jack Andrew hereby voluntarily give consent to engage in a fitness test. I understand that the test will involve progressive stages of increasing effort and that at any time I may terminate the test for any reason. I understand that during some tests I may be encouraged to work at maximum effort and that at any time I may terminate the test for any reason.

I understand there are certain changes which may occur during the exercise test. They include abnormal blood pressure, fainting, disorders of heart beat, and very rare instances of heart attack. I understand that every effort will be made to minimize problems by preliminary examination and observation during testing.

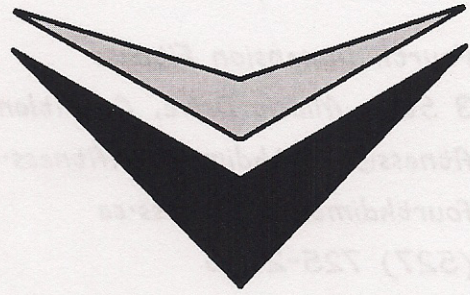
I understand that I am responsible for monitoring my own condition throughout testing, and should any unusual symptoms occur, I will cease my participation and inform the test administrator of the symptoms. Unusual symptoms include, but are not limited to: chest discomfort, nausea, difficulty in breathing, and joint or muscle injury.

Also, in consideration of being allowed to participate in the fitness tests, I agree to assume all risks of such fitness testing, and hereby release and hold harmless Fourth Dimension Fitness, and their agents and employees, from any and all health claims, suits, losses, or causes of action for damages, for injury or death, including claims for negligence, arising out of or related to my participation in the fitness assessments.

I have read the foregoing carefully and I understand its content. Any questions which may have occurred to me concerning this informed consent have been answered to my satisfaction.

Signature 	Date <u>Oct 31 2016</u>
Witness 	Date <u>Oct 31 2016</u>

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HEALTH HISTORY QUESTIONNAIRE

NAME: Sack Andrew

ADDRESS: 8234 Burnlake Dr

TELEPHONE: 902 233 5551

EMERGENCY CONTACT AND RELATIONSHIP: Kiyoshi Michael Andrew 902 27 8355

Brother

PLEASE CHECK YES or NO

PAST HISTORY	FAMILY HISTORY	PRESENT SYMPTOMS
Have you ever had?	Have any immediate family or grandparents had?	Have you recently had?
Yes No	Yes No	Yes No
High blood pressure ... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	High blood pressure ... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Chest pain/discomfort .. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Heart problems <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Heart problems <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Shortness of breath <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Disease of the arteries . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Diabetes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Heart palpitations <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Lung disease <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	High cholesterol <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Dizzy spells <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Asthma <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Stroke <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Frequent headaches <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Diabetes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other: _____	Frequent colds <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Heart murmur <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	Back pain <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Arthritis <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____	Orthopedic problems ... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Other: _____	_____	Other: _____
_____	<u>Late-life onset (50+ age</u>	_____
_____	<u>History of smoking (parents)</u>	_____

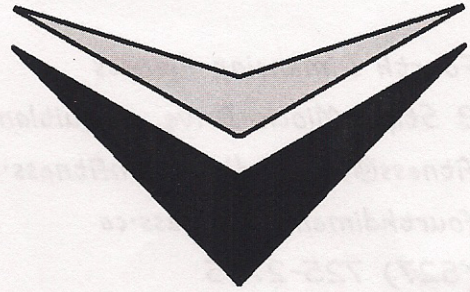
ARE YOU PREGNANT YES or **NO**

ARE THERE OTHER MEDICAL PROBLEMS/CONCERNS NOT ALREADY IDENTIFIED?

N/A

Asthma test case by isorb

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Kiyoshi Perkins, Owner/Operator

WHAT IS YOUR MAIN REASON FOR HAVING A FITNESS ASSESSMENT?

For Sports

SIGNATURE

[Handwritten Signature]

DATE:

Oct 31 2016

Fourth Dimension Staff Only

LOCATION OF TEST:

Primary Lab

TESTER:

Kiyoshi P.

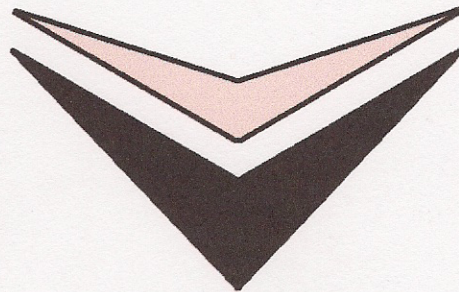
PRESENT SYMPTOMS	FAMILY HISTORY	PAST HISTORY
Have you recently had?	Have any immediate family or grandparents had?	Have you ever had?
Chest pain/discomfort <input type="checkbox"/>	High blood pressure <input type="checkbox"/>	High blood pressure <input type="checkbox"/>
Shortness of breath <input type="checkbox"/>	Heart problems <input type="checkbox"/>	Heart problems <input type="checkbox"/>
Heart palpitations <input type="checkbox"/>	Diabetes <input type="checkbox"/>	Disease of the arteries <input type="checkbox"/>
Dizzy spells <input type="checkbox"/>	High cholesterol <input type="checkbox"/>	Lung disease <input type="checkbox"/>
Frequent headaches <input type="checkbox"/>	Stroke <input type="checkbox"/>	Asthma <input type="checkbox"/>
Frequent colds <input type="checkbox"/>	Other <input type="checkbox"/>	Diabetes <input type="checkbox"/>
Back pain <input type="checkbox"/>		Heart murmur <input type="checkbox"/>
Orthopedic problems <input type="checkbox"/>		Arthritis <input type="checkbox"/>
Other <input type="checkbox"/>		Other <input type="checkbox"/>

ARE YOU PREGNANT?

ARE THERE OTHER MEDICAL PROBLEMS/CONCERNS NOT ALREADY IDENTIFIED?

N/A
None of concern

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Pre-Test Discussion Questions

#1. Tell me about any acute or chronic injuries you have: _____

I had a lower back injury but it's been fine for about half a year
now.
2 years prior due to wrestling.

#2. Tell me about your fitness goals: _____

I want to be strong and flexible enough to be able to do certain
circus techniques

#3. Tell me about your daily activities (i.e., occupation, routine, etc.): _____

I go to school 4 days a week, go to the gym 5 days a week, circus training
2 days a week and do ^{security} construction sometimes

#4. Tell me about your most recent physical activity program: _____

I've been doing cardio on Mondays and Fridays, strength training on Tuesdays and
Thursdays, and a circuit on Wednesdays