

7.25
7.5

great job.

Pre-Test Paperwork

Kiyoshi Perkins, 300199345

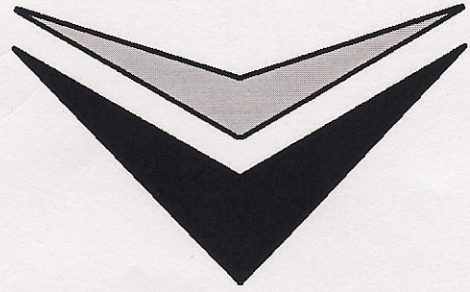
SPSC 4161 - 001 Fitness Assessment & Prescription

Presented to: Professor Ken Anderson

Due: Friday 16 September 2016, 10:30

Room N1119, Douglas College, New Westminster

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



Dear Mr. Fabricio Werdum,

Thank you for expressing interest in joining our program at Fourth Dimension Fitness. We have booked an appointment for your pre-participation examination for Wednesday September 21 2016, 10:15 AM, at our main location on 3 Stipe Miocic Drive, Coquitlam. Cobrinha Highway provides both eastbound and westbound access, making it very convenient to get to our facility.

Please do not consume anything with caffeine less than two hours prior to arrival, as we will be measuring your heart rate and blood pressure. Please do not eat a large meal less than two hours prior to arrival, as we will be testing physical aspects such as vertical jump, horizontal jump, and aerobic capabilities; a small snack is acceptable if eaten one hour or more prior to arrival. Please do not consume alcohol less than six hours prior to arrival.

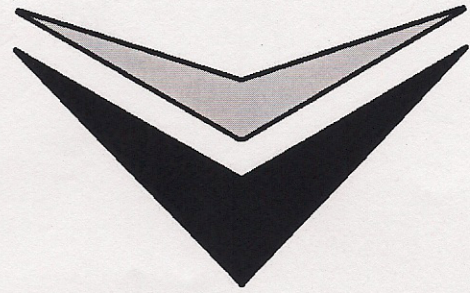
Please bring clothes suitable for a workout. Suggestions include board shorts, running shorts, tank top, or a short-sleeve rash guard; anything that you are comfortable to move and stretch in. It is recommended to bring a water bottle and a sweat towel. Our facility has a locker and change room, separate washroom, and a water-fill station. Please arrive 10 to 15 minutes prior to your appointment time.

We look forward to seeing you and working with you.

Sincerely,

Kiyoshi Perkins
Fourth Dimension Fitness, Owner/Operator

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Informed Consent for Exercise Testing

I _____ 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.

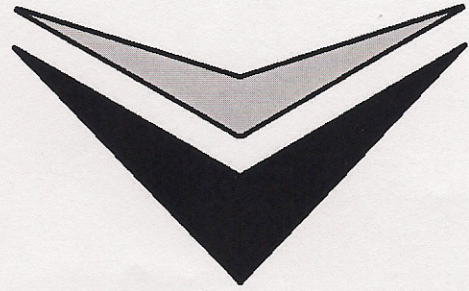
I understand that I am responsible for monitoring my own condition throughout testing, and should any unusual symptoms occur, I will cease my participation and inform the test administrator of the symptoms. Unusual symptoms include, but are not limited to: chest discomfort, nausea, difficulty in breathing,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

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



HEALTH HISTORY QUESTIONNAIRE

NAME: _____

ADDRESS: _____

TELEPHONE: _____

EMERGENCY CONTACT AND RELATIONSHIP: _____

PLEASE CHECK YES or NO

PAST HISTORY	FAMILY HISTORY	PRESENT SYMPTOMS																																																																																										
Have you ever had? <table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>High blood pressure ...</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Heart problems</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Disease of the arteries .</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Lung disease</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Asthma</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Diabetes</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Heart murmur</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Arthritis</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Other: _____</td> <td></td> <td></td> </tr> <tr> <td>_____</td> <td></td> <td></td> </tr> </table>		Yes	No	High blood pressure ...	<input type="checkbox"/>	<input type="checkbox"/>	Heart problems	<input type="checkbox"/>	<input type="checkbox"/>	Disease of the arteries .	<input type="checkbox"/>	<input type="checkbox"/>	Lung disease	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Heart murmur	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____			_____			Have any immediate family or grandparents had? 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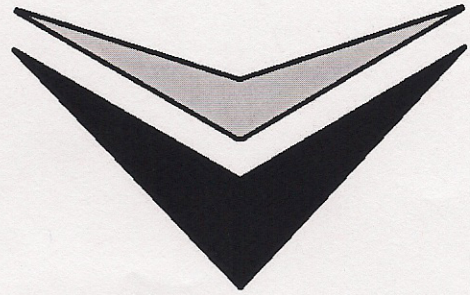
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ARE YOU PREGNANT YES or NO

ARE YOU CURRENTLY TAKING PRESCRIPTION DRUGS YES or NO

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ARE THERE OTHER MEDICAL PROBLEMS/CONCERNS NOT ALREADY IDENTIFIED?

WHAT IS YOUR MAIN REASON FOR HAVING A FITNESS ASSESSMENT?

SIGNATURE _____

DATE: _____

Fourth Dimension Staff Only

LOCATION OF TEST: _____

TESTER: _____

PAR-Q & YOU

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of <u>any other reason</u> why you should not do physical activity?

If
you
answered

YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

NO to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active — begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal — this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better; or
- if you are or may be pregnant — talk to your doctor before you start becoming more active.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Informed Use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

NAME _____

SIGNATURE _____

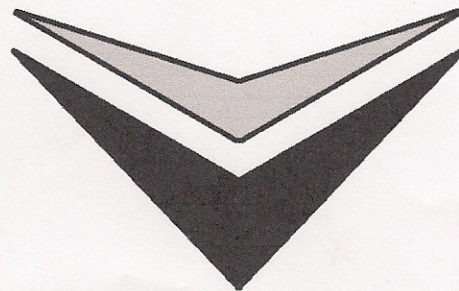
DATE _____

SIGNATURE OF PARENT _____
or GUARDIAN (for participants under the age of majority)

WITNESS _____

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.

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Pre-Test Discussion Questions

commit to doing?

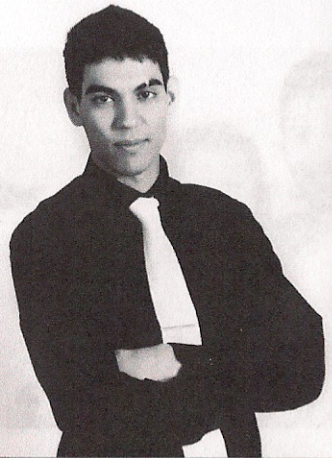
#1. Tell me about your sleeping habits: [?]

#2. Tell me about your daily water consumption:

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

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

About Us



*Kiyoshi Perkins,
Owner/Operator*

- BC-RPA certified
- NCCP certified
- SportMed Safety certified
- Registered with BC Association of Kinesiologists

Fourth Dimension Fitness was founded in 2016 in order to help people from all walks of life become the best versions of themselves.

Our comprehensive testing, top-of-the-line fitness protocols and facilities, and highly trained staff who are continually expanding their knowledge are guaranteed to help your journey be successful!

ADDRESS

*Fourth Dimension Fitness
3 Stipe Miocic Drive
Coquitlam, B.C.
V5C 205*

TELEPHONE

1 (527) 725-2755

E-MAIL

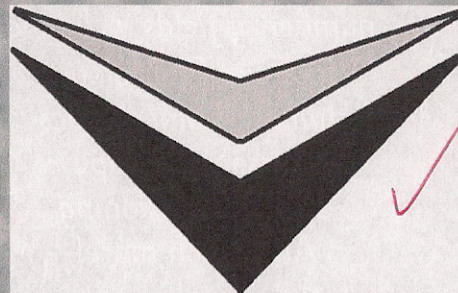
fitness@fourthdimensionfitness.ca

VISIT US

www.fourthdimensionfitness.ca

HOURS

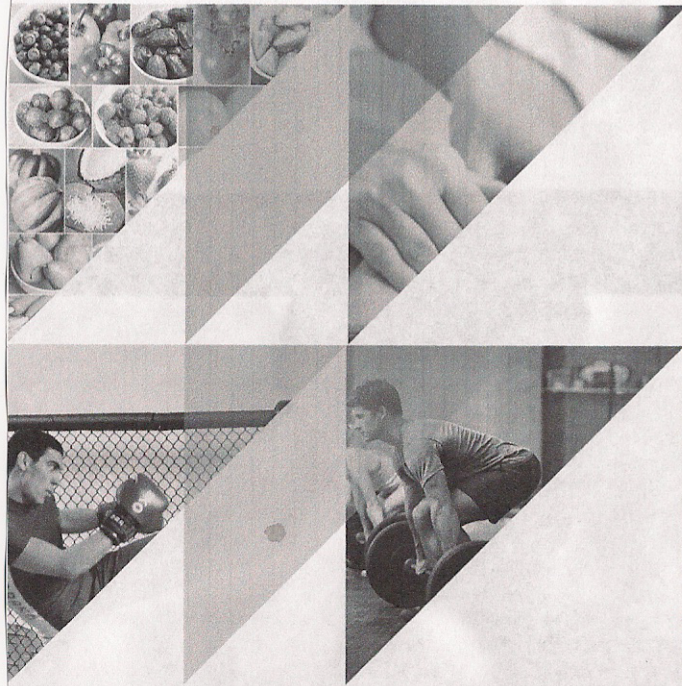
- *Mon-Sat: 8AM - 9PM*
- *Sun: 9AM - 8PM*



TM 2016

Fourth Dimension Fitness

*Be the best
version of you!*



Services

- Weight Training, Sport- or Goal-Specific
- One-on-One Training
- Nutrition
- Registered Massage Therapy
- Injury Rehabilitation
- Planning for Success

• *Fitness Testing*

Amenities

- Separate Change Rooms with Lockers and Showers
- Health Bar
- Free Parking

CLIENT-FIRST

Fourth Dimension Fitness provides clients with a safe environment both mentally and physically. The physical and mental health of our clients is first and foremost. Our staff are friendly, positive, and supportive.

We're with you every step of the way!

PRICING

We offer one package which includes all of our services and amenities. Book an appointment by phone or online!

Our package starts as low as \$59.99 + tax per month. You can find out more information online or by speaking with one of our highly trained staff members today!

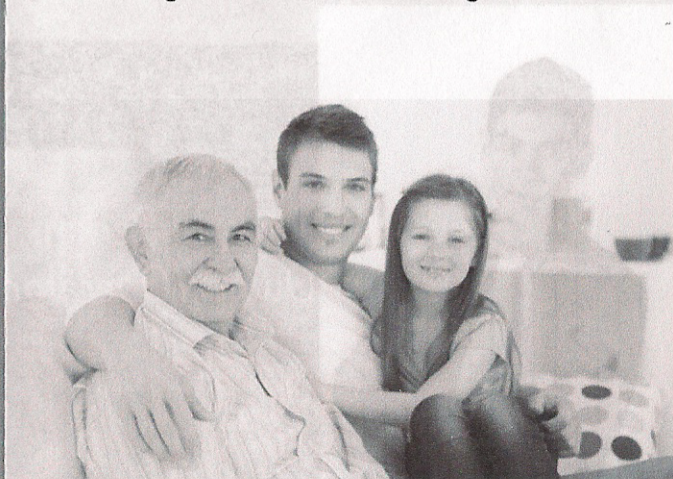
We accept MSP.

STAFF

Each and every staff member employed by Fourth Dimension Fitness is highly trained in any number of fields including:

- Exercise Physiology
- Human Biomechanics
- Massage Therapy
- Sport Conditioning
- And much more! ✓

"The best time to start is when you're 10 years old, and today."



If you're ready to meet the new you, to become the best version of you, then call us today! We can't wait to see you!

