THE UNIVERSITY OF MAINE
Student Life
Campus Recreation

RETURNING CLIENT Packet

No Fitness Assessment required if it has been less than 3 months since last training session.

****Please complete and return to the reception desk at least 2 days prior to your scheduled session****

Name: _____ D.O.B: _____Today's Date: _____

Previous Trainer:_____ Date of last session:_____

Member or Non-member PT
(circle one)

Please provide the best phone and email we can reach you at.

Phone: ( ) _____ Email: _____

Other Information: (Please feel free to add any notes/comments/questions)

_____
_____
_____

*****IMPORTANT: If you checked any of the boxes in Section 1 or 2 of the PASQ (next page) you need to obtain medical clearance from your primary care physician before the fitness assessment.*****

Office use:

Date of Scheduled Fitness Assessment: _____ Time: _____

Trainer: _____

PT Package Purchased: 1 3 5 8 12 20
Have not purchased
(circle one)

Place packet in assigned trainer's file.

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Pre-Activity Screening Questionnaire (PASQ) – Self-Guided

Instructions:
Please complete and sign this form, and then refer to the Summary/Recommendations.

Current Physical Activity
Over the last three months, have you regularly performed physical activity for at least 30 minutes, three days/week at a moderate intensity level?

Note: Moderate intensity activity causes noticeable increases in heart rate and breathing such as walking at a brisk pace

❑ **Yes**
❑ **No**

Section 1 – Medical Conditions
Please check the box (√) for any of the following medical conditions that you have had or currently have.

❑ Heart attack
❑ Heart surgery
❑ Cardiac catheterization
❑ Coronary angioplasty (PTCA)
❑ Heart valve disease
❑ Heart failure
❑ Heart transplantation
❑ Congenital heart disease
❑ Abnormal heart rhythm
❑ Pacemaker/implantable cardiac defibrillator
❑ Peripheral vascular disease (PVD or PAD): disease affecting blood vessels in arms, hands, legs, and feet
❑ Cerebrovascular disease -- stroke or TIA (transient ischemic attack)
❑ Renal (kidney) disease
❑ Type 1 or Type 2 Diabetes

Section 2- Signs or Symptoms
Please check the box (√) for any of the signs/symptoms that you have recently experienced**.**

❑ Pain, discomfort in the chest, neck, jaw or arms at rest or upon exertion
❑ Shortness of breath at rest or with mild exertion
❑ Dizziness or loss of consciousness during or shortly after exercise
❑ Shortness of breath occurring at rest or 2-5 hours after the onset of sleep
❑ Edema (swelling) in both ankles that is most evident at night or swelling in a limb
❑ An unpleasant awareness of forceful or rapid beating of the heart
❑ Pain in the legs or elsewhere while walking; often more severe when walking upstairs/uphill
❑ Known heart murmur
❑ Unusual fatigue or shortness of breath with usual activities

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Campus Recreation

Summary/Recommendations:

Did you check any of the items in Section 1 or in Section 2?

❑ Yes	❑ No
➢ Medical clearance[+] is necessary***	-- Medical clearance[+] is not necessary
➢ After obtaining medical clearance, begin with exercise light* to moderate** intensity exercise and/or follow recommendations from healthcare provider	-- Begin with light* to moderate** intensity

[+] **Medical Clearance** -- approval from a healthcare professional to engage in physical activity
***Light Intensity** – an activity that causes slight increases in heart rate and breathing
****Moderate Intensity** -- an activity that causes noticeable increases in heart rate and breathing

Section 4- Acknowledgement, Follow-Up and Signature

I acknowledge that I have read this questionnaire in its entirety and have responded accurately, completely, and to the best of my knowledge. Any questions regarding the items on this questionnaire were answered to my satisfaction. Also, if my health status changes at any time such that my answers to any of the above questions would be changed, I understand that I am responsible to inform a staff member at this facility of any such changes.

_____ _____

Print your name here **Signature**

_____

Date

[***] **Medical Clearance** -- approval from a healthcare professional to engage in physical activity.
If Medical Clearance is necessary, you are required to provide Campus Recreation with a note from your primary care physician clearing you to exercise before continuing with the program. If you decide not to receive medical clearance you may sign a refusal to obtain medical clearance to exercise form (available from trainer at first session).

Medical Clearance notes/forms maybe:
Faxed to: 207-581-4898
OR
Emailed to: adrianna.delamo@maine.edu AND please indicate who your trainer is.

THE UNIVERSITY OF MAINE
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Campus Recreation

Personal Training Informed Consent for Exercise

Waiver and Assumption of Risk: I, _____, understand that I will be participating in a fitness program that involves physical activity ranging from moderately intense aerobic and resistance exercise to stretching.

I understand that participation in any form of physical activity has an inherent risk, and may result in injury, disability, and in rare cases, death. In any event, I acknowledge and agree that I assume any and all risks associated with any exercise in which I agree to. It is the trainer's job to minimize any of these risks as much as possible. Mainly, minimizing these risks will be done through preliminary information relating to my health and fitness history as well as close observation during the test. In any case of emergency, trained professionals and equipment are available to handle any extraordinary circumstances.

Furthermore, I hereby forever release and discharge and hereby hold harmless the Student Recreation and Fitness Center, including the University of Maine, Orono and any of its representatives from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected with my willing participation in this physical exercise including any resulting injuries.

_____ _____

Participant's Signature Date

_____

Administered by (trainer's name)

Client Health History

Client: _____ DOB: _____ Age: _____

Today's Date:_____

Recent or Chronic Illness:

_____

_____

Injury History:

_____

_____

Chronic Pain or Orthopedic Issues:

_____

_____

Previous Surgeries if applicable:

_____

_____

Medications or Supplements:

_____

_____

Family Medical History:

_____

_____

Potential Barriers:

_____

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Campus Recreation

Exercise History and Attitude Questionnaire

Name _____ Date _____

General Instructions: Please fill out this form as completely as possible. If you have any questions, DO NOT GUESS.

1. Please rate your exercise level on a scale of 1 to 5 (5 indicating very strenuous) for each age range through your present age:
   15–20 _____ 21–30 _____ 31–40 _____ 41–50 _____ 51+_____

2. Were you a high school and/or college athlete?
   Yes No If yes, please specify _____

3. Do you have any negative feelings toward, or have you had any bad experience with, physical-activity programs?
   Yes No If yes, please explain_____

4. Do you have any negative feelings toward, or have you had any bad experience with, fitness testing and evaluation?
   Yes No If yes, please explain_____

5. Rate yourself on a scale of 1 to 5 (1 indicating the lowest value and 5 the highest).

	Circle the number that best applies.				
Characterize your present athletic ability.	1	2	3	4	5
When you exercise, how important is competition?	1	2	3	4	5
Characterize your present cardiovascular capacity.	1	2	3	4	5
Characterize your present muscular capacity.	1	2	3	4	5
Characterize your present flexibility capacity.	1	2	3	4	5

6. Do you start exercise programs but then find yourself unable to stick with them? Yes No

7. How much time are you willing to devote to an exercise program? _____ mins/day _____ days/wk

8. Are you currently involved in regular endurance (cardiovascular) exercise?
   Yes No If yes, specify the type of exercise(s) _____
   _____ minutes/day _____ days/week

   Rate your perception of the exertion of your exercise program (circle one):
   Light Fairly light Somewhat hard Hard

9. How long have you been exercising regularly? _____ months _____ years

10. What other exercise, sport, or recreational activities have you participated in?

In the past 6 months? _____

In the past 5 years? _____

11. What types of exercise interest you?

☐ Walking	☐ Jogging	☐ Strength training
☐ Stationary biking	☐ Traditional aerobics	☐ Racquet sports
☐ Stair climbing	☐ Elliptical striding	☐ Yoga/Pilates
☐ Cycling	☐ Swimming	☐ Other activities

12. Rank your goals in undertaking exercise: What do you want exercise to do for you?
Use the following scale to rate each goal separately.

(1) Not at all important (2) Somewhat important (3) Extremely important

a. Improve cardiovascular fitness	1	2	3
b. Lose weight/body fat	1	2	3
c. Reshape or tone my body	1	2	3
d. Improve performance for a specific sport	1	2	3
e. Improve moods & ability to cope with stress	1	2	3
g. Increase strength	1	2	3
h. Increase energy level	1	2	3
i. Feel better	1	2	3
j. Increase enjoyment	1	2	3
k. Social interaction	1	2	3
l. Other	1	2	3

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Personal Training Policies

A Fitness Assessment is required before any Personal Training services may be rendered.

PAS-Q & Medical Clearance:
A PAS-Q Form is required, and a Medical Clearance Form (a note from your physician) is required of all participants who check any of the items in Section 1 or in Section 2 of the PAS-Q. Note: Personal training staff reserve the right to require medical clearance from any client they feel may be at risk.

Session Duration:
All personal training sessions are one hour.
All personal training packages expire 12 months from the date of purchase.

Attire:
Come prepared to each training session in proper workout attire and footwear (shorts, gym pants, T-shirt, sweatshirt, supportive sneakers). Participants arriving unprepared for their training session may result in that session being removed from their training session package.

Tardiness Policy:
Clients are responsible for arriving on time for their training sessions. Trainers are only obligated to wait for a late client until 15 minutes past the scheduled start time. Sessions that start late will still end at the originally-scheduled end time. The session will still be removed from your training session package. Exceptions will only be made in the case of a medical emergency accompanied by a doctor's note.

Cancellation Policy:
Clients are responsible for calling their trainer at least one hour in advance of the scheduled training session if they need to cancel or reschedule a session. Failure to contact your trainer at least one hour in advance or failure to show up for a session will result in that session being removed from your training session package.

Exceptions will only be made in the case of a medical emergency accompanied by a doctor's note.

Package Expiration/Refund Policy:
Individuals registering for personal training must complete all personal training sessions by the expiration date of the training package. All personal training packages expire 12 months from the date of purchase. All packages are non-refundable but *may be transferred to another person before the expiration date. If transferred, services must be used before the expiration date. A client may only receive a refund if accompanied by a doctor's note.*

Changing Trainers
In the event the client wants to change trainers or the trainer no longer works for Campus Recreation they will need to purchase another Fitness Assessment with the new trainer if it has been more than 3

months since their last training session. If it has been less than 3 months since the client's last training session then the client will only need to complete a Returning Client Packet from the front desk before training can begin (no fitness assessment required).

Personal Trainer and Client Agreement

The guidelines outlined below are to ensure that the relationship between the Trainer and Client, as well as the responsibilities of both parties, are clearly appreciated and understood.

Trainer's Responsibilities:

- All sessions are booked out for 1 hour.
- The trainer is expected to wait 15 minutes for a client at which time the trainer may leave.
- Trainers are expected to be present 10 minutes prior to scheduled session.
- Trainers will meet the client in the front lobby for every session as well as escort them to the front desk at its completion to ensure the next appointment is scheduled on the PT Appointment Form.
- Trainers will design a program that meets the client's needs and goals under safe and effective conditions.
- Trainers will provide guidance regarding proper exercise techniques.
- Trainers will maintain a record of client progress and provide necessary feedback.
- All information regarding the client's program and progress is confidential and will remain on file with Campus Recreation.
- With the exceptions of illness and/or emergencies, all trainers will be in attendance for all scheduled appointments with clients.
- Trainers must notify the client and front desk staff 24 hours prior to the session if they must cancel; at which time the session will be rescheduled to a later date.
- Trainers may schedule or cancel appointments over email or personal phone numbers; however ALL appointments must be made and cancelled through the front desk staff as well.
- Under NO circumstances should the trainer accept any cash donations.
- Under NO circumstances should a trainer be training clientele or potential clientele outside of the When2Work schedule.

Client's Responsibilities:

- Payment must be received prior to the Fitness Assessment, prior to the first training session and prior to all future training sessions.
- Payments should be made at the front desk in person, or by calling 581-1082.
- ALL sessions must be booked out 48 hours in advance. If it's less than 48 hours contact the trainer and the trainer will schedule the session through the front desk staff.
- Clients MUST check in at the front desk.
- The trainer will also check client in to deduct a PT session from the session package.

- Clients are to meet the trainer in the front lobby at the start of each session unless given other instructions.
- All appointments must begin on time and end one hour after the scheduled starting time.
- Clients are expected to discuss all health history information and any medical concerns with the trainer during the Fitness Assessment and ongoing.
- Clients will communicate any discomforts, pain or concerns experienced during or arising from a session.
- Client will communicate any changes in health status with their trainer.
- Clients must give **1 hour notice** for session cancellation at the front desk in person, or by calling 581-1082 or by calling the trainer. Failure to do so will result in that session being removed from the training session package.
- Sessions must be completed within 12 months of purchase date. Sessions not used will not be refundable.
- Clients shall abide by rules and policies of the University of Maine. The University of Maine reserves the right to deny services to clients who fail to abide by such rules and policies.
- BUDDY TRAINING- In the event that one client cancels and the other attends the session, the individual present must purchase a single PT session or the other buddy (not present) forfeits a session.

The client acknowledges that he/she is in good health and physically able to participate in a personalized program. By signing below, client acknowledges and agrees that he/she has no limiting health conditions that would preclude participation in an exercise program, and will immediately inform the trainer if such health condition arises during the client's participation in the personalized program.

The trainer acknowledges that he/she will abide by all policies and procedures while providing safe and effective programming.

If there is a problem with the Trainer, the client should contact Caitlin Caserta, Assistant Director for Fitness at (207) 581-3482.

I understand and agree to the Personal Training Policies and to the roles and responsibilities explained above in the Personal Trainer and Client Agreement:

Client's Signature: _____Date: _____

Parent or Guardian Signature _____ **Date: _____**
(If participant under the age of 18 years)

Trainer's Signature: _____ Date: _____

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Your Prescription for Health
ExeRcise is Medicine® On Campus

Medical Clearance to Exercise Form

Your patient_____(Name of Participant) would like to participate in the exercise/fitness programs at the New Balance Student Recreation Center, a **non-clinical health/fitness facility** that provides a variety of exercise/fitness activities. To comply with pre-activity screening recommendations established by the American College of Sports Medicine, we have all participants complete a brief health history questionnaire (PASQ). Based on the responses to the PASQ (copy attached), your patient needs to obtain medical clearance prior to participating in our exercise/fitness programs. Once completed and signed by you, your patient can return this clearance form to me or you can fax it to me at 207-581-4898 (secure fax number of fitness facility). If you have any questions, please feel free to contact me at 207-581-3482 or caitlin.caserta@maine.edu.
Program & Instructor's Name:

_____

Thank you,

Caitlin Caserta, M.Ed-Kinesiology and Physical Education, ACSM EP-C, Assistant Director for Fitness

Please check (√) one of the following:

☐ Not cleared to exercise at this facility – should be referred to a clinically supervised exercise program

☐ Cleared to exercise at this facility

Please check (√) the highest exercise intensity level your patient is cleared for and provide any other restrictions/limitations

- ☐ Light (<57 to < 64% HR max)
- ☐ Moderate (64 to < 76% HR max)
- ☐ Vigorous (76 to < 96% HR max)
- ☐ Near Maximal to Maximal (≥ 96% HR max)

Restrictions/Limitations:

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Campus Recreation

Physician's Name (printed)	**Physician's Signature**
Phone number	**Date**