Moraine Valley Community College

Health, Fitness & Recreation Center

Personal Training

Getting Started Packet

WELCOME New Client!

Thank you for making the Health, Fitness & Recreation Center at Moraine Valley Community College your choice for Personal Training. You can be sure that proper form will be demonstrated and analyzed during every scheduled workout session. Our trainers will provide education, motivation and feedback, in order for you to reach your goals. Our goal is to provide our clients with exceptional service, safe and effective fitness programming and training, and continuous support. Our personal trainers will work with you to create specific goals, and then design a fitness workout, which will challenge and improve your fitness level.

In this packet, you will find documents that provide you with information on getting started and others that ask for information. Please complete the request form and health questionnaires, and return them to the Membership Services Office, located near the entrance of the Health, Fitness and Recreation Center. After completing and submitting these forms, a staff member will contact you to confirm your registration and begin the process of matching you with your trainer. During this initial conversation, we may also discuss with you, the need for medical clearance prior to beginning training, if necessary.

If you have any questions or concerns, please feel free to contact myself. I would be glad to assist you. We wish you the best as you begin your training sessions.

In Good Health,

Jana Terborg, Assistant Director, Fitness Programs
Health, Fitness and Recreation Center
Moraine Valley Community College
Jana.terborg@morainevalley.edu
708-608-4493

Personal Training Request Form

Moraine Valley Community College
Health, Fitness and Recreation Center

Please print your information:

Name _____ Date _____

Age _____ Phone (cell/home) _____

Email address _____

Membership Status □ Student □ Faculty/Staff □ Community Member □ Non-Member

1. How many days per week do you plan on being trained?
   □ 1 □ 2 □ 3 □ Other If other, please state_____
2. Please state your availability/best time for you to workout. (Please include times/AM/PM)
   Monday _____ Thursday_____ Saturday _____
   Tuesday_____ Friday_____ Sunday_____
   Wednesday_____
3. Trainer Preference: □ Female trainer □ Male trainer □ No Preference
4. Specific Trainer Requested (please list name): _____
   (Please note that we will attempt to match you with your requested trainer, however we cannot guarantee due to schedules and demands.)
5. What qualities and skills would you like your Personal Trainer to have? Is there any additional information you would like to share that would assist us in matching you with your ideal trainer?
   _____
   _____
6. What type of personal training would you be interested in pursuing here? Check all that apply
   □ Cardiorespiratory fitness training □ Flexibility training
   □ Muscular strength/endurance training □ Sport/activity specific training
   □ Combination of several types: _____
   □ Other, please list: _____
7. What are your fitness/health goals? Please list all:
   _____
   _____

I understand…

- To begin this process, please purchase your Personal Training sessions/package at Membership Services
- Please give this Request Form and the Questionnaire to the Membership Service staff member when completed.
- A Personal Trainer will be assigned to you based on your request form information and the availability of the trainer. You will be contacted within 48-72 hours to establish your first appointment and consultation.
- Please note: the first session of a personal training package will be a consultation and short workout.
- Policies:
  Length of Sessions: 1-hour sessions will include 55 minutes of exercise programming and ½ hour sessions will include 25 minutes of exercise programming, with remaining time used for questions, review and confirming next appointment.
  Personal Training Cancellation Policy: to cancel an appointment, contact the Personal Trainer directly, at least 4 hours in advance. Failure to do so will result in forfeiting the session.
  Duet, Trio and Group Training Cancellation Policy: In the event that one partner(s) is not able to make a scheduled appointment, there are two options available: (1) reschedule the entire group for an alternate day/time OR (2) keep the regularly scheduled appointment and all partner(s) will be billed for the appointment regardless of attendance.
  Late Policy: Personal Trainers will still honor the appointment in the event a client is late; however, sessions that begin late will end at the originally scheduled time.
  Expiration Policy: All personal training sessions/package expire one year from date of purchase.
  Refund Policy: All sessions/packages are non-refundable, unless a medical issue verified by a written note from a licensed practitioner. If dissatisfied with a trainer or trainer's service, a client may request a replacement personal trainer through Jana Terborg, Assistant Director, Fitness Programs at 708-608-4493.

To be completed by the Personal Training Department;

Proposed Trainer: _____ Date Contacted: _____

Trainer Accepted: _____ Date Confirmed: _____

ACSM Health Status and Health History Questionnaire

This form includes several questions regarding your physical health. Please answer every question as accurately as possible. Please ask us if you have any questions. Your response will be treated in a confidential manner.

Personal Information

Name_____ Phone Number_____

Birthdate:____/_____/_____ Age_____ Gender: Female Male Height_____ Weight_____

ACSM Health Screening Questionnaire

Please check yes or no if YOU have any of the following	Yes	No
Has your father or other first degree male relative had a heart attack, stents/angioplasty/open heart surgery or cardiac arrest (sudden death) before 55 years of age?		
Has your mother or other first degree female relative had a heart attack, stents/angioplasty/open heart surgery before 65 years of age?		
Are you a current cigarette smoker or quit with the previous 6 months or have exposure to environmental tobacco smoke (secondhand smoke)?		
Are you participating in at least 30 minutes of moderate intensity physical activity on at least 3 days per week for at least 3 months?		
Do you have a waist girth >40 inches for men and/or > 35 inches for women?		
Do you have a BMI (Body Mass Index) ≥ 30 Kg/m2?		
Do you have systolic blood pressure of ≥140 mmHg and/or diastolic blood pressure of ≥90 mmHg, confirmed by measurements on at least 2 separate occasions?		
Are you currently taking anti-hypertensive/ high blood pressure medications?		
Do you have high LDL cholesterol (bad cholesterol) of ≥130 mg/dL?		
Do you have low HDL cholesterol (good cholesterol) of <40 mg/dL?		
Do you have total cholesterol levels >200 mg/dL?		
Do you take lipid/cholesterol lowering medication?		
Do you have fasting plasma glucose ≥ 100 mg/dL but less than <126 mg/dL?		
Do you have impaired glucose tolerance (IGT) where a 2-hour oral glucose tolerance test (OGTT) is ≥140 mg/dL but lower than <200 mg/dL confirmed by measurements on at least 2 separate occasions?		
Do you have pain or discomfort in your chest due to blood flow deficiency?		
Do you have shortness of breath during light exercise/physical activity?		
Do you have shortness of breath during rest?		
Do you have difficulty breathing while standing or sudden breathing problems at night?		
Have you experienced rapid throbbing or fluttering of your heart?		
Do you have ankle swelling (edema)?		
Do you have severe pain in your leg muscles during walking?		
Do you have a known heart murmur?		
Do you experience frequent dizziness, fainting or blackouts?		
Do you have persistent fatigue or unusual fatigue?		

Medical History

Please check all conditions or diagnoses that apply. Leave others blank.

- ☐ Abnormal EKG?
- ☐ Heart Attack?
- ☐ Stent, Angioplasty, open heart surgery?
- ☐ Heart murmur?
- ☐ Diseases of the arteries?
- ☐ Stroke?
- ☐ Heart Disease?
- ☐ High Blood Pressure?
- ☐ Low Blood Pressure?
- ☐ High Cholesterol/Lipids?
- ☐ Pneumonia?
- ☐ Asthma?
- ☐ Exercise induced asthma?
- ☐ Abnormal chest x-ray?
- ☐ Chronic bronchitis?
- ☐ Emphysema?
- ☐ Cystic Fibrosis?
- ☐ Other lung disease?
- ☐ Do you suffer from epilepsy or seizures?
- ☐ Chronic headaches or migraines?
- ☐ Cancer?
- ☐ Surgical procedures?
- ☐ Pregnant?
- ☐ Anemia?
- ☐ Diabetes?
- ☐ Abnormal blood sugar levels?
- ☐ Metabolic Syndrome/pre-diabetes?
- ☐ Thyroid problems?
- ☐ Kidney Disease/conditions?
- ☐ Liver Disease/conditions?
- ☐ Hepatitis?
- ☐ Foot problems?
- ☐ Leg circulation problems?
- ☐ Neuropathy?
- ☐ Arthritis?
- ☐ Osteoporosis?
- ☐ Back problems?
- ☐ Foot/ankle problems?
- ☐ Knee problems?
- ☐ Hip problems?
- ☐ Shoulder problems?
- ☐ Elbow/wrist problems?
- ☐ Swollen or painful joints?
- ☐ Broken bones?
- ☐ Currently in Physical Therapy?
- ☐ Stomach or intestinal problems?
- ☐ Vision or hearing problems?
- ☐ Hernia?

Medications

Do you take medicine for the following health conditions?

Diabetes?	☐ yes	☐ no
Lung Disease?	☐ yes	☐ no
Heart Disease?	☐ yes	☐ no
High Blood Pressure?	☐ yes	☐ no

Please list the specific medications that you currently take?

_____

_____

_____

For office staff only:

Factor Analysis_____ Physician Referral Needed_____

Stratification_____ Physician Referral Received_____

Date Completed_____ Evaluator_____

Lifestyle Questionnaire

1. Are you a cigarette smoker? _____ If so, how many per day? _____

2. Do you drink any alcoholic beverages? _____ If yes, how much in 1 week? _____

3. Please rate your daily stress level (select one)
   - □ low
   - □ moderate
   - □ high, but I enjoy the challenge
   - □ high, sometimes difficult to handle
   - □ high, often difficult to handle

4. Which do you consider yourself?
   - □ sedentary (little, if any, vigorous physical activity)
   - □ lightly active (sporadic workouts, lawn work other kinds of activity, little aerobic)
   - □ moderately active (workout 1-2 days per week for at least 15-30 minutes per day)
   - □ highly active (workout 3 or more days per week, at least 30-45 minutes of aerobic work)

7. How physically fit are you?
   - □ not
   - □ less than average
   - □ average
   - □ above average
   - □ outstanding
   - □ don't know

8. At your job, do you sit more than you are on the move?
   - □ yes
   - □ no

9. How many minutes per week do you spend in exercise?
   - □ zero
   - □ 1-15
   - □ 15-30
   - □ 30-60
   - □ 61-90
   - □ 91-120
   - □ 121-180
   - □ 181 and above

10. Please state your exercise history._____
_____
_____

11. Are you involved in an aerobic (cardiovascular) program?
   - □ yes
   - □ no

Health and Fitness Goals

1. Please indicate your personal health and fitness-related goals (select all that apply):
   - □ Improve Cardiorespiratory Fitness
   - □ Feel Better
   - □ General Fitness
   - □ Improve Flexibility
   - □ Injury Post- Rehab
   - □ Look Better
   - □ Lose Weight/Reduce Body Fat
   - □ Lower Blood Pressure/ Cholesterol
   - □ Improve Muscular Size
   - □ Improve Muscular Strength
   - □ Reduce Stress
   - □ Reduce Back Pain
   - □ Sport/Activity Specific Training
   - □ Improve Energy Level
   - □ Improve balance/stability

2. What is your motivation level? □ high □ medium □ low

3. What is your confidence level? □ high □ medium □ low

4. Which cardiorespiratory exercise machines/activities would you like to use in your program?
   - □ I have never used cardio equipment and would prefer assistance.
   - □ Not interested in cardiorespiratory fitness training.
   - □ Treadmill
   - □ Elliptical Trainer
   - □ Stationary Bicycles
   - □ Stair climber
   - □ Rower
   - □ Track/indoor/outdoor walking
   - □ Track/indoor/outdoor running
   - □ Other: _____

5. Which type of muscular strength and endurance training equipment would you like to use in your program?
   - □ selectorized weight stack machines
   - □ free weights: dumbbells and barbells
   - □ body weight
   - □ stability balls and BOSU trainer
   - □ bands and tubes
   - □ kettlebells
   - □ Synergy Training equipment
   - □ Other: _____
   - □ I have never used strength training equipment and would prefer assistance.
   - □ Not interested in strength/endurance training.

6. Which type of flexibility training equipment or exercises would you like to use in your program?
   - □ Basic seated/standing/lying exercises
   - □ Chair stretches
   - □ Stability ball or BOSU exercises
   - □ Foam Rollers
   - □ Flexibility Machine
   - □ Yoga
   - □ I have never used/performed flexibility exercises and would prefer assistance.
   - □ Not interested in flexibility exercises.

Please use the space below to record three specific commitments that you are willing to make to your own health and fitness goals. For example, you might commit to "arrive ready for exercise on Mondays, Wednesdays and Fridays by 6:30 pm." Your commitments should be challenging, but also realistic and attainable. When finished, please sign this form to signify your personal commitment.

Commitment #1 _____

Commitment #2 _____

Commitment #3 _____