

The Department of Wellness and Recreation Programs

This program is designed specifically for you. Schedule an appointment with one of our Healthy Lifestyle Coaches (HLC) to setup a fitness assessment and consultation to discuss your health/fitness needs and goals.

The fitness assessment, wellness screening and consultation will last approximately one hour. The wellness screening can be completed online before the scheduled appointment. Bring the results with you, from there we can provide information, resources and/or avenues in which you can address the areas that need improvement. If you do not have access or time to complete the questionnaire online you can do that during your appointment.

Following this assessment the HLC will go over the results and answer any questions. A second session will then be scheduled to implement an exercise prescription designed specifically to meet your goals. In addition our Healthy Lifestyle Coaches will serve as your personal reference to all wellness opportunities that Florida Southern has to offer. Training sessions can be continued at the individual's discretion. Periodic re-tests can also be scheduled to gauge the degree to which you are accomplishing the goals set (at least 6 weeks apart). It is recommended that you schedule pre and post test with the same HLC.

Our goal is to educate then motivate you to enhance personal responsibility for your health. Remember the first wealth is health.

This program is for **EVERYONE**, from beginners to tri-athletes. We tailor our program to make it personal for you!

So Jump Start Your Lifestyle!

Attendance:

If you fail to appear for a scheduled appointment, you will lose the right to continue in the program. In extenuating circumstances, your case will be referred to the HWC Fitness Coordinator for consideration

Call or Email Michael McElveen, Associate Director of Wellness Programs to schedule an appointment. Email: mmcelveen@flsouthern.edu Office: 863-680-4146

The Department of Wellness and Recreation Programs

TO: TESTING PARTICIPANTS

FROM: MICHAEL MCELVEEN, ASSOCIATE DIRECTOR

RE: WELLNESS AND FITNESS ASSESSMENT

Congratulations on taking the first step to complete WELLNESS!

Wellness and fitness assessments can serve several purposes for you in reaching a high level of well-being. Scores from these tests can be used to identify your strengths & weaknesses. This information can be used to design a fitness program to reach your goals and address the areas in your life that may need improvement. Periodic re-tests can gauge the degree to which you are accomplishing these goals. Whatever your reason may be, we are glad that you have chosen our program.

The wellness assessment can be completed via the web at <http://www.nationalwellness.org/testwell/>. Just follow the links and print out the results. If you can not complete this prior to the scheduled appointment we can complete it when you arrive.

The fitness assessment will test the following areas:

- Height/Weight
- Blood Pressure
- Body Composition
- Muscular Endurance
- Resting Heart Rate
- Movement Screen
- Cardiovascular Fitness
- Muscular Strength

The staff at the Hollis Wellness Center is committed to helping you reach your goals and will provide you with any information that will aid you in your wellness program.

Please complete the attached Health History Questionnaire and return it to the front desk at the Nina B. Hollis Wellness Center. At this time, you may schedule your fitness assessment by contacting the Michael @ x 4146.

If you have any questions, please feel free to contact Michael, Associate Director at x4146 or mmcelveen@flsouthern.edu.

Fitness Assessment Instruction Sheet:

The results to your Fitness Assessment can be affected by immediate sleeping, eating and exercise actions. To avoid invalid test results, make sure you review these pre-test instructions prior to your scheduled appointment.

1. PLEASE arrive on time. If you cannot make your scheduled appointment, you will need to call the Nina B. Hollis Wellness Center (680-6290) 24 hrs prior to testing. If you do not call to cancel, you will forfeit your rights to be tested.
2. DO:
 - Wear shorts, T-shirt and rubber soled shoes for the Fitness Profile test
 - Drink plenty of fluids over the 24-hour period preceding the test
 - Get an adequate amount of sleep (~ 8 hours) the night before the test
 - Notify your Fitness Tester if you have recently been ill. The test may need to be rescheduled
3. DO **NOT**:
 - Wear tights or a one piece top because they make it difficult to obtain accurate skin fold measurements
 - Eat a large meal, or consume tobacco, alcohol and caffeine for 3 hours prior to the test
 - Exercise or participate in vigorous physical exercise the day of the test. It is best if the Fitness Profile test is the first exercise you perform for the day
4. The Fitness assessment takes approximately one hour and includes the following assessments:
 - Blood Pressure
 - Resting Heart Rate
 - Body Composition
 - Cardiovascular Fitness
 - Height
 - Weight
 - Muscular Endurance
 - Muscular Strength
 - Flexibility
 - Movement Screen

Florida Southern College / Nina B. Wellness Center

Health History Questionnaire

Name: _____ Date: _____

DOB: _____ Age: _____ ID #: _____

Address: _____

Phone: _____ Gender: _____ Graduation Date: _____

Email: _____

Circle One: Student Faculty Staff Alumni

Academic Year: 1 2 3 4 5 Grad.

1. Has a physician ever told you that you have had any of the following conditions?

- | | |
|--|------------------------------------|
| <input type="radio"/> Coronary Heart Disease | <input type="radio"/> Heart Attack |
| <input type="radio"/> Rheumatic Disease | <input type="radio"/> Stroke |
| <input type="radio"/> Congenital Heart Disease | <input type="radio"/> Epilepsy |
| <input type="radio"/> Irregular Heart Beats | <input type="radio"/> Diabetes |
| <input type="radio"/> Heart Valve Problems | <input type="radio"/> Angina |
| <input type="radio"/> Heart Murmurs | <input type="radio"/> Cancer |
| <input type="radio"/> High Blood Pressure | <input type="radio"/> Arthritis |
| <input type="radio"/> High Cholesterol | <input type="radio"/> Obesity |
| <input type="radio"/> Lung Disease (Asthma, Emphysema) | <input type="radio"/> OTHER: _____ |

2. Has anyone in your immediate family (mother, father, siblings, or grandparents) experienced any of the above conditions? YES NO

If YES, please explain:

3. Did you ever experience any of the following?

- Chest Pain
- Shortness of Breath
- Heart Palpitations
- Back Pain
- Joint, Tendon or Muscular Pain
- Orthopedic Problems

If YES, please explain:

4. Please list any medication that you are currently taking (name and reason):

5. Do you have any medical conditions for which a physician has ever recommended some restrictions on activity (including surgery)?

YES NO

If Yes, please explain: _____

6. Are you pregnant? YES NO

7. Do you smoke? YES NO

8. Do you use smokeless tobacco? YES NO

9. Have you had your cholesterol checked in the last year? Value: _____

YES NO

10. Do you drink alcoholic beverages at all? YES NO

If YES, how many per week? _____

11. Do you eat a variety of foods from different food groups?

YES NO

12. Is your diet high in saturated fats? YES NO

13. Check the description that best represents the amount of stress that you experience on a daily basis.

- No Stress
- Occasional Mild Stress
- Frequent Moderate Stress
- Frequent High Stress
- Constant High Stress

Please describe your current exercise program. List type, number times a week, time per session and intensity level.

Please state your goals that you would like to achieve through a personal wellness program.

List any areas for which you would like additional information.
