

# Multiply health and fitness assessment form

## Section 1: Individual health and fitness assessment consent form

### I consent that

my results will be disclosed to Momentum Multiply (Pty) Ltd ("Multiply"), and my associated medical scheme, my medical aid administrator, my employer and the Occupational Health staff at my employer.

### I understand the purpose and benefit of such a test

is to enable Multiply to allocate points to me that will determine my Healthy Heart Score and fitness level, and my associated medical scheme and its administrator will store the data on their database to assess my health risk. Additionally, this data will be shared with my employer and the Occupation Health staff at my employer to help in programmes to understand my health status and improve it. These entities will keep the results confidential and will not disclose results to third parties without my consent and will implement security measures against unauthorised processing by any third party.

### Indemnity

I understand that Momentum Metropolitan Holdings Limited, its directors and its employees will not accept any responsibility and shall not be liable for any injury, death, illness, loss or other damages of any nature (direct or indirect, special or consequential) suffered or incurred during or resulting from my participation in the aforementioned tests and the use of the results thereof. I have read and understood the above consent, purpose and indemnity.

Signature

Date   -   -

## Section 2: Member's details

### Please tell us more about yourself

Title       Initial/s       Date of birth   -   -

First name

Surname

ID/Passport number                        Age

Cellphone number

Email address

Postal address

Suburb                        Code

### Medical aid details

Medical aid                        Main member

Medical aid option

Medical aid number

Dependant number

Multiply number

Date of assessment   -   -

**Please tell us more about your lifestyle**

Are you currently pregnant or have you had a baby in the past six months?

Y	N
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If so, do you have a doctor's clearance letter to proceed with the fitness test?

Y	N
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Do you smoke?

Y	N
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How many minutes per week do you do moderate exercises?

mins
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How many minutes per week do you do vigorous exercises?

mins
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Do you have any injuries?

Y	N
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If so, please provide more detail below.

Are you on medication?

Y	N
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Have you had any of these medical conditions or medical procedures? Please tick all that apply.

Heart attack	<input type="checkbox"/>	Heart valve disease	<input type="checkbox"/>
Heart surgery	<input type="checkbox"/>	Heart failure	<input type="checkbox"/>
Cardiac catheterisation	<input type="checkbox"/>	Heart transplantation	<input type="checkbox"/>
Coronary angioplasty	<input type="checkbox"/>	Congenital heart disease	<input type="checkbox"/>
Pacemaker/implantable cardiac defibrillator/rhythm disturbance	<input type="checkbox"/>		

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**Section 3: Health and fitness assessment results (to be completed by the biokineticist)**

**Health-related fitness assessment**

**Body composition**

**Multiply body fat test | Required**

Height (cm)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Weight (kg)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Waist (cm)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Blood pressure	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Glucose*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Cholesterol*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

\* These will be used for your Healthy Heart Score

**Caliper test | Optional**

Bicep	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Subscapular	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Tricep	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Suprailiac	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**Strength test**

Handgrip test L   Required	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Handgrip test R   Required	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1 minute push-up   Optional	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

**Cardiovascular fitness**

**S-Step**

Start heart rate

Maximum heart rate - taken with Wahoo HR belt

Heart rate at 1 min rest - taken with Wahoo heart rate belt

**6 min walk test (for elderly and pregnant)**

Meters completed

Heart rate at 6 min

**Arm ergometer test (for elderly, pregnant or paraplegic)**

Average watts at the end of the test

Average heart rate in the last minute rest

**Note:** Biokineticist to choose the fitness test that best suits the member. The S-Step test is the preferred test.

Client signature	<input style="width: 95%; height: 40px;" type="text"/>	Date of assessment <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Health professional initials	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Surname <input style="width: 95%; height: 20px;" type="text"/>
Signature	<input style="width: 95%; height: 40px;" type="text"/>	Date of assessment <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>