

# Vitality Fitness/Functional/High Performance Assessment Form

**Contact us**

Tel: 0860 99 88 77, 1 Discovery Place, Sandton, 2146. www.discovery.co.za

## 1. Details

Name

Surname

Initials  Title  Sex  M  F Date of birth  Y  Y  Y  M  M  D  D

ID/Passport number

Telephone (H)   Telephone (W)

Cellphone

Email

Discovery membership number

## 2. Medical History

Please tick if you have ever had any of the below mentioned conditions:

Have you ever had:

- A heart attack  Heart surgery  Cardiac catheterisation  Coronary angioplasty
- Pacemaker/ implantable defibrillator/ rhythm disturbance  Heart valve disease  Heart failure
- Heart transplantation  Congenital heart disease

### Current symptoms

You experience symptoms like:

- Chest discomfort with exertion  Unreasonable breathlessness  Dizziness, fainting or blackouts  Ankle swelling
- Unpleasant awareness of a forceful or rapid heart rate  You take heart medication(s)

### Current Medical Conditions

You have other health issues such like:

- Diabetes  Asthma or other lung disease  Renal disease
- Any muscle or joint problems that limit your physical activity or that could be aggravated by physical activity
- Burning or cramping sensation on in your lower legs when walking a short distance
- Have concerns about the safety of your exercise  Take prescription medication(s)  You are pregnant

## 3. Covid-19 Condition

Have you been sick with Covid-19 in the past year? Yes  No

If Yes, did you require hospitalization? Yes  No

If yes, what was your duration of hospital stay?

Do you currently have any prolonged symptoms from being sick with Covid-19? Yes  No

If Yes, please specify symptoms:

## 4. Preclusions

Please tick if any of the below mentioned is relevant to you.

- You are a man older than 45 years  You are a woman older than 55 years
- You smoke or quit smoking within the last 6 months
- Your blood pressure is equal or greater than 140/90 mmHG  OR
- You don't know your blood pressure  OR
- You take blood pressure medication
- Your blood cholesterol level is > 200mg/dL (> 5.2 mmol/l)  OR
- You don't know your cholesterol level
- You have a close blood relative who had a heart attack before age 55 (father or brother) or age 65 (mother or sister)
- You have pre-diabetes
- You do not know if you have pre-diabetes
- You are physically inactive (ie you get less than 150 minutes of physical activity a week).
- You have a cardiovascular or metabolic or renal disease, and/or signs and symptoms suggestive of these diseases.

## 5. Consent Process

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I, \_\_\_\_\_, do hereby consent to health screening as part of the Vitality Fitness Assessment/ Vitality Functional Assessment/ Vitality High Performance Fitness Assessment.

I acknowledge that this is a screening assessment and should any of my tests fall outside of normal parameters, I am responsible for monitoring further investigations that can be required.

If one or more of the 'Medical History' or 'Preclusions' checkboxes above are checked, you are advised to consult with your doctor and get clearance from the doctor before doing a fitness test.

I agree that Discovery Vitality and its contracted research partners may use the results from the Vitality Fitness Assessment/ Vitality Functional Assessment/ Vitality High Performance Fitness Assessment for statistical and research purposes. Data will be anonymised.

My participation in the Vitality Fitness Assessment/ Vitality Functional Assessment/ Vitality High Performance Fitness Assessment, is voluntary and at my own risk. I am aware that under no circumstances, including as a result of its negligent acts or omissions or those of its staff, servicers, agents, contractors, partners or other persons for whom in law it may be liable, will Vitality or the Biokineticist conducting this assessment be liable for any loss, injury or damage of any nature which I, my beneficiaries or any third parties may sustain as a result of my participation in this Vitality Fitness Assessment/ Vitality Functional Assessment/ Vitality High Performance Fitness Assessment. I further confirm that the information provided by me in this consent form is true and correct and shall not hold Discovery Vitality/ Discovery Limited and/or the Biokineticist for any misrepresentation of such information.

I also consent and agree to providing Discovery Vitality with my personal information which will be processed in keeping with the purpose and provisions of the rules governing the Vitality Fitness Assessment, and further includes the purposes set out in the Vitality Main Rules and Vitality's Privacy Statement. I acknowledge and consent to Discovery Vitality obtaining personal information, including special personal information, about me, from entities within the Discovery Group that I hold products with, which may include but not be limited to Discovery Health (Pty) Ltd, my medical scheme administered by Discovery Health or its subsidiaries, Discovery Life Limited, and/or Discovery Bank Limited, for the purposes of administering my Vitality membership as well as to customise and provide me with additional services, interventions and/or products in future aimed at promoting my health and wellness outcomes, as well as for the purposes set out in Discovery Vitality's privacy statement. I further agree that Discovery Vitality may process my assessment results to determine any risk factors to me and recommend appropriate interventions. I consent to Discovery Vitality processing my special personal information from other Discovery entities, and further may include referring me to Discovery's network of authorised third parties.

I understand that the assessment is not suitable for pregnant women and that Discovery Vitality will not be liable for any injury to myself or my unborn child should I request the biokineticist to perform the assessment while I am pregnant.

