



[FITTED .5]

Fitness Improvement Training Through Exercise and Diet
Student Activities Center
220 Westwood Plaza, Suite 105A
Los Angeles, California 90095

Program Description

The [FITTED] .5 program is an exercise program targeting students that are at an unhealthy weight, and/or live sedentary lifestyles. It is designed to provide students with a program that can help them address health issues as such and encourage them to participate in an active and healthier lifestyle. The program offers students one-on-one personal training sessions for a **minimum of six sessions within a time frame of three weeks to a maximum of twelve sessions within a timeframe of six weeks in a given quarter**, depending on demand and availability. Training sessions will be held in the John Wooden Center or at Drake Stadium. The personalized sessions provide the trainer with the opportunity to address the individualized and specific needs of prospective students in a welcoming environment. [FITTED] .5 will ultimately serve as a funnel for students to continue remaining active in other [FITTED] programs or recreational classes. Applying and/or being referred by a healthcare provider for [FITTED] .5 does not guarantee you will be trained, at least not immediately.

Qualifications

- BMI \geq 25 because of an unhealthy lifestyle or as recommended by a healthcare provider.
- All students are eligible to apply but priorities will be given to those who are at risk for developing preventable chronic medical conditions such as prediabetes and more.
- Applicants are selected and trained on a rolling basis based off availability. Please reapply each quarter.
- Option to meet with the Ashe Center dietitian to discuss optimal nutrition.
- Cancelling on 3 scheduled sessions is subject for dismissal from [FITTED] .5

Checklist

- Please read all forms before submitting application. **If you need a clinician's release, please be sure to submit it TOGETHER with the rest of the application. No exceptions.** Please see the rest of application for details.
- If you are not trained during an academic quarter you applied, please resubmit an updated Participation Information form to be eligible for the following academic quarter
- If chosen, you will be notified by [FITTED] staff via email
- Please contact Nicolas Hurtado, FITTED .5 Coordinator thinkfitted@cpo.ucla.edu with any questions.

Submit Application: Please turn in the ENTIRE application including the Pre-Participation Screening (including Clinician's Release if needed) and Participant Information form to any of the Ashe clinic stations or to Student Activities Center 105 J. Please **DO NOT turn in applications at John Wooden Center or FITWELL.**

Pre-Participation Screening (Part A)

IMPORTANT: If you check any of the statements in the “Cardiovascular History,” “Signs & Symptoms” and “Other Health Concerns” sections, have your Primary Care Provider complete the **Clinician’s Release** form prior to submitting your application.

Cardiovascular History

You have had:

- A heart attack
- Heart surgery
- Cardiac catheterization
- Coronary angioplasty (PTCA)
- Pacemaker/implantable cardiac
- Defibrillator/rhythm disturbance
- Heart valve disease
- Heart failure
- Heart transplantation
- Congenital heart disease
- Heart palpitations
- You take heart medications

Other Health Concerns:

- You had a stroke or have cerebrovascular disease
- You have diabetes or other metabolic disease
- Your fasting blood glucose level is equal to or greater than 100 mg
- You have asthma or other lung condition/disease
- You have a medical diagnosis or disease
- Please indicate: _____
- You have musculoskeletal problems that limit your physical activity
- You are pregnant
- You have concerns about the safety of exercise

Signs and Symptoms:

- Heart murmur
- You experience chest discomfort with exertion
- You experience unreasonable breathlessness or fatigue with usual activities.
- You experience dizziness, fainting, blackouts
- You have burning or cramping sensation in your lower legs when walking short distances.
- You have circulatory conditions like ankle swelling
- You have ankle swelling not related to musculoskeletal injury

Pre-Participation Screening (Part B)

IMPORTANT: If you check 2 or more of the statements in the “Cardiovascular Risk Factors” section, have your complete the **Clinician’s Release** prior to submitting your application.

Cardiovascular Risk Factors

- You are a man 45 years of age or older
- You are a woman 55 years of age or older, have had a hysterectomy, or are post-menopausal
- You smoke or quit smoking within the previous 6 months
- Your blood pressure is greater than or equal to 140/90 mmHg or you do not know your blood pressure
- You take blood pressure medication
- Your blood cholesterol level is greater than 200 mg/dl or you do not 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 are physically inactive (i.e. you get less than 30 minutes of physical activity on at least 3 days per week)
- You are more than 20 pounds overweight

If you do not have any of the above listed conditions, please check the box below. You will not need the Clinician’s Release form.

- I do not have any cardiovascular history, signs or symptoms, cardiovascular risk factors or other health concerns

PLEASE READ THE FOLLOWING BEFORE SIGNING:

Because physical activity, by its very nature, carries with it certain inherent risks, we want to help you minimize if not eliminate such risks. Please be sure to speak with your Primary Care Provider if you have any concerns or questions, even if it is not something listed in the screening forms.

By signing this form, I certify all information is true to the best of my knowledge and I hereby grant the Arthur Ashe Student Health Center the permission to communicate and to store and release the FITTED application forms including pages that may contain my personal health information to members of the FITTED staff.

Date: _____/_____/_____

Name: (Print) _____ (Sign) _____



Clinician's Release

Dear Clinician:

Your patient _____ wishes to start a personalized training program through the [FITTED] .5 program. Exercise recommendations provided by the trainer will start easy and become progressively more intense depending on the client's goals and fitness level. Qualified staff will administer all fitness assessments and exercise.

If you know of any medical or other reasons why participation in the program by the client would be unwise, please indicate so on this form.

Report of Clinician (please check all boxes that apply)

- I know of no reason why the applicant may not participate
- I believe the client can participate, but I urge caution because:

*My patient is taking medications that will affect heart rate response to exercise.

The effects are indicated below:

Type of medication _____

Effect _____

Restrictions for exercise _____

- The client should not engage in the following activities:

- I recommend that the client **NOT** participate.

Clinician Signature _____ Date _____

Print Name _____ Phone _____



Participant Information

Name _____ Quarter (circle one): Fall / Winter / Spring Year 20_____

Phone: _____ Email: _____ Undergraduate/Graduate (circle one)

Preferred method of communication (circle one): Phone Email Either

Please indicate with an X, time frames that you are available in the appropriate box.

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00am					
9:00am					
10:00am					
11:00am					
12:00pm					
1:00pm					
2:00pm					
3:00pm					
4:00pm					
5:00pm					
6:00pm					
7:00pm					
8:00pm					

Please let us know who referred you.

Please detail your fitness and training goals. Be specific.

Please briefly describe your prior and current exercise routines.

Please list any injuries.

If you have previously applied for FITTED .5, are there any health changes since your last submission?
