

How the medication question answers can affect my ability to proceed with fitness assessment

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The following are scenarios of how medication questions are answered and how they affect a client's ability to proceed with fitness assessment:

Medication for current illness or infection

Medical Questions

Medication

Certain medications are known to affect your heart rate.

Please indicate if you have taken any of the following in the PAST WEEK:

- ☐ I heart, blood pressure, cholesterol or diabetes medication
- ☐ Medication for muscle, joint and/or bone problems
- ☐ Medication for current pain or injury (anti-inflammatories, prescribed pain killers)
- ☒ Medication for current illness or infection (antibiotics, over the counter cold/flu remedies)
- ☐ Medication for lung or breathing problems
- ☐ Thyroid or hormone replacements
- ☐ Recreational drugs
- ☐ Other/don't know
- ☐ None

NEXT

Not showing symptoms of current illness = CAUTION indemnity

Health Profile

Temporary Condition

Are you currently experiencing any cold or flu like symptoms?

☐ Yes

☒ No

NEXT

Fitness assessment indemnity

CAUTION

Declaration

Based on your current vitals and the answers provided, performing this physical fitness assessment may be detrimental to your health. Please proceed with caution!

I declare that, I am in good health, and it is safe for me to physically exert myself.

- ☒ In the previous 6 months, I have not been advised by a medical professional to avoid exercising at a moderate intensity.
- ☒ I am able to climb up & down a 20cm step comfortably, without pain & without aggravating any existing conditions.

My participation in the fitness assessment is voluntary and I do not hold Momentum Metropolitan liable for any damage or injury caused while doing the fitness assessment.

SKIP FITNESS **ACCEPT**

Showing symptoms of current illness = HIGH RISK warning

Health Profile

Temporary Condition

Are you currently experiencing any cold or flu like symptoms?

Yes

No

NEXT

Fitness assessment indemnity

HIGH RISK

Warning

An active fitness test is not recommended when you are showing signs and symptoms of an infection, as this will not only place extra strain on your body but will also interfere with your results.

Please try again in approximately [TIME] or when you can confirm that you are no longer experiencing symptoms

SKIP FITNESS

Medication for chronic illness

Medical Questions

Medication

Certain medications are known to affect your heart rate.

Please indicate if you have taken any of the following in the PAST WEEK:

☒ Heart, blood pressure, cholesterol or diabetes medication

☐ Medication for muscle, joint and/or bone problems

☐ Medication for current pain or injury (anti-inflammatories, prescribed pain killers)

☐ Medication for current illness or infection (antibiotics, over the counter cold/flu remedies)

☐ Medication for lung or breathing problems

☐ Thyroid or hormone replacement

☐ Recreational drugs

☐ Other/don't know

☐ None

NEXT

Medication for lung or breathing problems

Medical Questions

Medication

Certain medications are known to affect your heart rate.

Please indicate if you have taken any of the following in the PAST WEEK:

- ☐ Heart, blood pressure, cholesterol or diabetes medication
- ☐ Medication for muscle, joint and/or bone problems
- ☐ Medication for current pain or injury (anti-inflammatories, prescribed pain killers)
- ☐ Medication for current illness or infection (antibiotics, over the counter cold/flu remedies)
- ☒ Medication for lung or breathing problems
- ☐ Thyroid or hormone replacement
- ☐ Recreational drugs
- ☐ Other/don't know
- ☐ None

NEXT

Medication for thyroid or hormone replacement

Medical Questions

Medication

Certain medications are known to affect your heart rate.

Please indicate if you have taken any of the following in the PAST WEEK:

- ☐ Heart, blood pressure, cholesterol or diabetes medication
- ☐ Medication for muscle, joint and/or bone problems
- ☐ Medication for current pain or injury (anti-inflammatories, prescribed pain killers)
- ☐ Medication for current illness or infection (antibiotics, over the counter cold/flu remedies)
- ☐ Medication for lung or breathing problems
- ☒ Thyroid or hormone replacement
- ☐ Recreational drugs
- ☐ Other/don't know
- ☐ None

NEXT

For scenarios 2; 3; and 4, the following will apply:

Not showing symptoms of chronic condition = CAUTION indemnity

Health Profile

Chronic Condition

Are you currently showing any signs or symptoms of your chronic condition(s) that would stop you from exercising?

Yes

No

NEXT

Fitness assessment indemnity

CAUTION

Declaration

Based on your current vitals and the answers provided, performing this physical fitness assessment may be detrimental to your health. Please proceed with caution.

I declare that, I am in good health, and it is safe for me to physically exert myself.

- ☒ In the previous 6 months, I have not been advised by a medical professional to avoid exercising at a moderate intensity.
- ☒ I am able to climb up & down a 20cm step comfortably, without pain & without aggravating any existing conditions.

My participation in the fitness assessment is voluntary and I do not hold Momentum Metropolitan liable for any damage or injury caused while using the fitness assessment.

SKIP FITNESS

ACCEPT

Showing symptoms of current illness = HIGH RISK warning

Fitness assessment indemnity

HIGH RISK

Warning

Based on your health history, we recommend that you do not complete the active fitness test at this time.

Please try again when you can confirm that you are no longer showing any signs or symptoms of your condition.

SKIP FITNESS

Health Profile

Chronic Condition

Are you currently showing any signs or symptoms of your chronic condition(s) that would stop you from exercising?

Yes

No

NEXT

Medication for muscle, joint and/or bone problems

Medical Questions

Medication

Certain medications are known to affect your heart rate.

Please indicate if you have taken any of the following in the PAST WEEK:

☐ Heart, blood pressure, cholesterol or diabetes medication
 ☒ Medication for muscle, joint and/or bone problems
 ☐ Medication for current pain or injury (anti-inflammatories, prescribed pain killers)
 ☐ Medication for current illness or infection (antibiotics, over the counter cold/flu remedies)
 ☐ Medication for lung or breathing problems
 ☐ Thyroid or hormone replacement
 ☐ Recreational drugs
 ☐ Other/don't know
 ☐ None

NEXT

Medication for current pain or injury

Medical Questions

Medication

Certain medications are known to affect your heart rate.

Please indicate if you have taken any of the following in the PAST WEEK:

☐ Heart, blood pressure, cholesterol or diabetes medication
 ☐ Medication for muscle, joint and/or bone problems
 ☒ Medication for current pain or injury (anti-inflammatories, prescribed pain killers)
 ☐ Medication for current illness or infection (antibiotics, over the counter cold/flu remedies)
 ☐ Medication for lung or breathing problems
 ☐ Thyroid or hormone replacement
 ☐ Recreational drugs
 ☐ Other/don't know
 ☐ None

NEXT

For both medication options (4 and 5), the following will apply:

Not showing symptoms of inability to physically exert themselves = CAUTION indemnity

Health Profile

Exercise Condition

Are you able to climb up & down a 20cm step comfortably, without pain & without aggravating any existing conditions?

Yes

No

NEXT

Fitness assessment indemnity

CAUTION

Declaration

Based on your current vitals and the answers provided, performing this physical fitness assessment may be detrimental to your health. Please proceed with caution!

I declare that, I am in good health, and it is safe for me to physically exert myself.

☒ In the previous 6 months, I have not been advised by a medical professional to avoid exercising at a moderate intensity.

My participation in the fitness assessment is voluntary and I do not hold Momentum Metropolitan liable for any damage or injury caused while doing the fitness assessment.

SKIP FITNESS

ACCEPT

Showing symptoms of inability to physically exert themselves = HIGH RISK warning

Health Profile

Exercise Condition

Are you able to climb up & down a 20cm step comfortably, without pain & without aggravating any existing conditions?

Yes

No

NEXT

Fitness assessment indemnity

HIGH RISK

Warning

Based on your current exercise capacity & potential injury risk, we recommend that you do not complete the active fitness test at this time.

Please try again when you can confirm that you are pain and symptom free

CONTINUE

Recreational drugs

Medical Questions

Medication

Certain medications are known to affect your heart rate.

Please indicate if you have taken any of the following in the PAST WEEK:

☐ Heart, blood pressure, cholesterol or diabetes medication

☐ Medication for muscle, joint and/or bone problems

☐ Medication for current pain or injury (anti-inflammatories, prescribed pain killers)

☐ Medication for current illness or infection (antibiotics, over the counter cold/flu remedies)

☐ Medication for lung or breathing problems

☐ Thyroid or hormone replacement

☒ Recreational drugs

☐ Other/don't know

☐ None

NEXT

Fitness indemnity

Fitness assessment indemnity

Declaration

I am in good health, and it is safe for me to physically exert myself.

☐ In the previous 6 months, I have not been advised by a medical professional to avoid exercising at a moderate intensity.

☐ I am able to climb up & down a 20cm step comfortably, without pain & without aggravating any existing conditions.

My participation in the fitness assessment is voluntary and I will not hold Momentum Metropolitan liable for any damage or injury caused while doing the fitness assessment.

SKIP FITNESS

ACCEPT