



CPFT PRACTICAL Examination - Station: Client Health Assessment

CPFT Candidate NAME: _____

Exam Date: _____ CPFT Examiner: _____

First assessment for candidate		Follow up assessment	
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Client Name:	Age:	Gender:	Male	Female
			YES	NO
<i>Completed PAR-Q+ -OR- Physician clearance retained</i>				
<i>CPFT introduced self to client</i>				
<i>CPFT explained assessment(s) to client</i>				
<i>CPFT asked client for permission to touch * may also be included in subsequent areas *</i>				
Height:	cm		YES	NO
<i>client was positioned without footwear, heels touching floor</i>				
<i>client was positioned looking straight ahead, arms at sides</i>				
<i>firm contact made on top of head with set square</i>				
<i>measurement recorded to the nearest 0.5 cm</i>				
Weight:	kg		YES	NO
<i>scale placed on hard, flat surface, balanced at zero as required</i>				
<i>client positioned without footwear</i>				
<i>client positioned looking straight ahead, arms at sides</i>				
<i>both feet placed in centre of scale</i>				
<i>measurement recorded to the nearest 0.1 kg</i>				
Waist Circumference:	cm		YES	NO
<i>candidate requested permission to touch client *see above*</i>				
<i>anthropometric tape measure used</i>				
<i>measurement taken directly on client's skin --OR--</i>				
<i>measurement taken over thin layer of clothing (only if client preference)</i>				



tape positioned on the top border of RIGHT iliac crest		
client with arms at sides (NIH Protocol)		
measurement taken at the end of a normal breath		
sufficient tension applied to tape		
measurement recorded to the nearest 0.5 cm		
Resting Pulse (Heart) Rate: / bpm	YES	NO
client seated with arm supported and feet flat on floor		
client allowed to remain seated for at least 5 minutes prior to test**		
gentle pressure applied to client's radial artery		
measurement taken starting a zero (0)		
measurement assessed for 60 seconds, multiplied accurately for b/p/m		
total pulse rate lower than 100 bpm and client permitted to proceed		

****if testing does not allow 5 minute rest prior to HR = discuss/question protocol for >100 bpm**

BMI: (weight/height ²)	YES	NO
calculation completed correctly		
outcomes discussed with client		
CPFT discussed limitations of BMI with client		
Underweight Normal Overweight Obese		
outcome categories used for discussion with client outcomes		
WC within positive health range: YES NO	YES	NO
NIH guidelines applied within client discussion/communication		
CPFT discussed WC rationale		

CHAP Equipment use and set up appropriate		
Karvonen method accurately explained and completed		
Target Heart Rate Zones accurately defined and used OR		
Rate of Perceived Exertion accurately defined and used OR		
Talk Test accurately described and used		

Optional Examiner Questions =

<i>Scope of Practice Explained</i>		
<i>Other:</i>		
<i>Other:</i>		

*A minimum score of 28 out of 35 is required for the successful completion of the Practical Assessment.

Additional Examiner Comments:

Future goals:

STATION 1 OUTCOME:

PASS		SECOND ASSESSMENT REQUIRED	
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By signing this Assessment, I, as the Fitness Alberta Certified Personal Fitness Trainer candidate, do hereby attest that I have performed today with the full intention of providing a safe and effective health assessment for my client(s), and in accordance to Fitness Alberta Performance Standards. I accept the feedback as provided herein.

PRINTED NAME: _____ **CPFT EXAMINER:** _____

SIGNATURE: _____ **EXAMINER SIGNATURE:** _____

