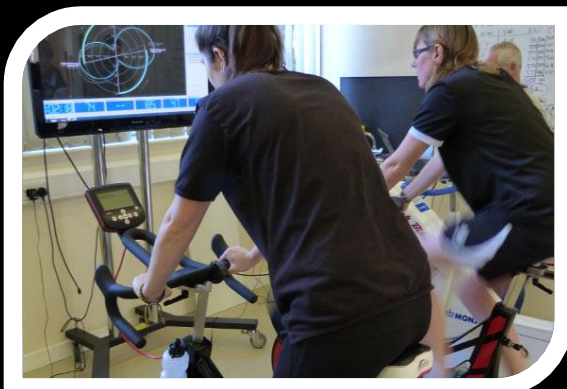


SHSS 4064

ASSESSING HEALTH AND FUNCTIONAL FITNESS

Laboratory Manual

January 2015



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Introduction

This laboratory manual contains the procedures for the practical sessions that form part of the sports nutrition and drugs module. It is your responsibility to keep the lab book up to date. The lab book forms part of the assessment for the module

Always:

- ✓ Bring the lab book to lectures, tutorials and laboratory practicals
- ✓ Record the data collected during your laboratory practical and the data of other groups if specified by your tutor
- ✓ Read your lecture notes and compare your findings with those from the current literature

Assessment

This lab book is used to collect data for assessment point 1, and forms 25% of the final mark for the module. You are required to submit ONE practical from this laboratory handbook. All of the laboratory practicals will have equal marks awarded, and so all are equally important. You do not need to submit the laboratory manual as part of assignment one, but you should answer the assignment task as a word document and submit this via turnit in on moodle. It is accepted that students will work in small groups to collect data and therefore tabulated data maybe identical. However, if other sections of the assignment task are identical or very similar this may be considered plagiarism. This will result in failure of the module.

Laboratory safety procedures and informed consent

Safety procedures

- ✓ Other than computers, students should not use any equipment in the laboratory without a member of staff being present
- ✓ All equipment should be left as found and any faults reported to the technician or tutorial staff
- ✓ No equipment may be removed from the laboratory
- ✓ Under no circumstances should you eat, drink, smoke or chew in the laboratory
- ✓ Bags should not be left lying around the lab
- ✓ Mobile phones should be turned off at all times in the laboratory
- ✓ Ensure that you sign your name on the register on attendance

Questionnaire

Please answer the following questions truthfully and completely. The purpose of this questionnaire is to ensure that you are in a fit and healthy state to complete exercise tests. Please inform the tutor if you are unable to participate.

Name:..... Date Of Birth:.....

Main Sport.....

1. Have you had to consult your doctor within the last 6 months? yes/no*

If yes, please give relevant details to test supervisor.

2. Are you presently taking any form of medication? yes/no*

If yes, please give details to test supervisor.

3. Do you suffer, or have you ever suffered, from:

Asthma?	yes/no*
Diabetes?	yes/no*
Bronchitis?	yes/no*
Epilepsy?	yes/no*
High blood pressure?	yes/no*

4. Do you suffer, or have you ever suffered from, any form of heart complaint? yes/no*
5. Is there a history of heart disease in your family? yes/no*
6. Do you currently have any form of muscle or joint injury? yes/no*
7. Have you had any cause to suspend your normal training in the last two weeks? yes/no*
8. Is there anything to your knowledge that may prevent you from successfully completing the tests that have been outlined to you? yes/no*

I confirm that I have answered these questions truthfully to the best of my knowledge.

Participant's

signature:.....Date:.....
.....

Informed Consent Form

Please complete all the details below. This information is required solely for laboratory records.

Name:..... D.O.B.:.....

Address:.....
.....

Telephone:.....

Please read the following statements carefully. Please sign only when you agree with the statements and when you have had any relevant questions answered.

- The full details of the tests have been explained to me. I am clear about what will be involved and I am aware of the purpose of the tests, the potential benefits and the potential risks.
- I know that I am not obliged to complete the tests. I am free to stop the test at any point and for any reason.
- The test results are confidential and will only be communicated to others such as my coach if agreed in advance.
- I have no injury or illness that will affect my ability to successfully complete the tests.

Signature of Participant:..... Date:.....

Signature of Tester:.....