



Health/Fitness Preparticipation Screening Questionnaire

Last Name: _____ First Name: _____ MI: _____

Home Address: _____ Gender: M / F Date of Birth: _____

Telephone:(home) _____ (cell) _____ Age: _____

Physician's Name: _____ Physician's Telephone: _____

Are you currently exercising? Y / N If yes, what do you do?

Do you have any orthopedic problems or conditions (low back, knee, shoulder, neck)? Y / N If yes, explain:

Please list any medications you currently take and what you take them for:

Emergency Contact: Name: _____ Phone #: _____

I, the undersigned, being aware of my own health and physical condition, and having knowledge that my participation in any exercise and/or fitness testing procedures may be injurious to my health, am voluntarily participating to do any exercise and/or fitness testing at Petersen Family Wellness Center (PFWC), which has been explained to me verbally. Having such knowledge, I hereby release PFWC, Myrtue Medical Center, its representatives, agents, employees, and successors from liability for accidental injury or illness, which I may incur as a result of participating in said exercise or in the fitness testing and/or screening procedures. I hereby assume all risks connected therewith and consent to participate in said exercise and fitness testing.

Signature: _____

Date: _____

AHA/ACSM Health/Fitness Facility Preparticipation Screening Questionnaire*

History

You have had:

- heart attack
- heart surgery
- cardiac catheterization
- coronary angioplasty (PTCA)
- pacemaker/implantable cardiac defibrillator/rhythm disturbance
- heart valve disease
- heart transplantation
- congenital heart disease

Symptoms

- You experience chest discomfort with exertion
- You experience unreasonable breathlessness
- You experience dizziness, fainting, or blackouts
- You experience ankle swelling
- You experience unpleasant awareness of a forceful or rapid heart rate
- You take heart medications

Other health issues

- You have diabetes
- You have asthma or other lung disease
- You have burning or cramping sensation in your lower legs when walking short distances
- You have musculoskeletal problems that limit your physical activity
- You have concerns about the safety of exercise
- You take prescription medications
- You are pregnant

Cardiovascular risk factors

- You are a man ≥ 45 yr
- You are a woman ≥ 55 yr
- You smoke or quit smoking within the previous 6 mo
- Your blood pressure is $\geq 140/90$ mm Hg
- You do not know your blood pressure
- You take blood pressure medication
- Your blood cholesterol level is ≥ 200 mg \cdot dL⁻¹
- You do not know your cholesterol level
- You have a close blood relative who had a heart attack or heart surgery before age 55 (father or brother) or age 65 (mother or sister)
- You are physically inactive (i.e., you get <30 min of physical activity on at least 3 d per week)
- You have a body mass index ≥ 30 kg \cdot m⁻²
- You have prediabetes
- You do not know if you have prediabetes

* Thompson, W. (2010). *ACSM's guidelines for exercise testing and prescription* (9th ed.). Philadelphia: Lippincott Williams & Wilkins.