Pre Activity Screening

Name: _____ Member/Client Number: _____

Address: _____

Phone(W): _____ Phone(H): _____

Fax: _____ Email: _____

Gender: _____ Birthdate: _____

Regular physical activity is enjoyable, safe, and healthy for most people. However, some individuals may have health-related risks that might be aggravated by participation in a physical activity program, and, as a result, might require them to check with their physician prior to embarking on a physical-activity program. To help determine if there is a need for you to see your physician before beginning an exercise program, please answer the following questions carefully. All information is kept strictly confidential.

I. PRE-ACTIVITY SCREENING QUESTIONS

Yes	No	
□	□	1. Has your physician ever told you that you have a heart condition?
□	□	2. Do you experience pain in your chest when you are physically active?
□	□	3. In the past month have you experienced chest pain when not performing physical activity?
□	□	4. Do you lose balance because of dizziness, or do you ever lose consciousness?
□	□	5. Do you have a bone or joint problem that could be aggravated by a certain change in your level of physical activity?
□	□	6. Is your physician currently prescribing you medications for your blood pressure or heart condition?
□	□	7. Do you know of any other reason why you should not participate in a physical- activity program?

If you answered yes to any of the questions above, it is recommended that you consult with your physician, by phone or in person, before having a fitness test or participating in a physical-activity program.