

# Pre-Activity Screening

Name: \_\_\_\_\_ Member/Client Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (W): \_\_\_\_\_ Telephone (H): \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Gender: \_\_\_\_\_ Birth date: \_\_\_\_\_

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 will be 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 change in your level of physical activity?
6. Is your physician currently prescribing medications for your blood pressure or a 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.*