



hallowell, me

Pre-Activity Screening

Name: _____ Date: _____

Male Female

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.

PRE-ACTIVITY SCREENING QUESTIONS

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Has your physician ever told you that you have a heart condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you experience pain in your chest when you are physically active? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. In the past month, have you experienced chest pain when not performing physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you lose balance because of dizziness or do you ever lose consciousness? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you have a bone or joint problem that could be aggravated by a change in your level of physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Is your physician currently prescribing medications for your blood pressure or a heart condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Do you know of any other reason why you should not participate in a physical-activity program? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Are you a male 45 years or older or a female 55 years or older? |

If you answered yes to any of the questions above, it is required that you consult your physician, by phone or in person, before having a fitness test or participating in a physical-activity program. Releases to participate in physical activity are available at Age Right Fitness to give to your health care provider.