

REHABILITIES

Physical Screening Questionnaire

Common Sense is your best guide in answering these few questions. Please read them carefully and circle the YES or NO opposite the question.

- | | | |
|--|-----|----|
| 1. Has your doctor ever told you that you have heart or lung problems? | YES | NO |
| 2. Have you ever had any heart related problems? | YES | NO |
| 3. Do you frequently feel any chest discomfort or pain? | YES | NO |
| 4. Do you often faint or have spells of severe dizziness? | YES | NO |
| 5. Has your doctor ever told you that you have high blood pressure, or have you ever had high blood pressure in the past, or are you presently taking medication for blood pressure? | YES | NO |
| 6. Are you aware of any bone, back or joint problems that may be, or could be aggravated by exercise? (e.g. Arthritis) | YES | NO |
| 7. Have you ever had an episode of exercise-induced asthma, that is, severe wheezing, coughing or severe shortness of breath brought on by exercise, or do you ever have unaccustomed shortness of breath at rest or with mild exercise? | YES | NO |
| 8. Do you ever have episodes of labored or difficult breathing during the night where you have to sit up to breathe? | YES | NO |
| 9. Have you ever been told by a doctor that you have diabetes? | YES | NO |
| 10. Are you over age 65 and not involved in regular exercise? | YES | NO |
| 11. Is there a good reason not mentioned here why you should not engage in exercise even if you wanted to? (e.g. surgery during the past six months) | YES | NO |
| 12. Are you pregnant? | YES | NO |

Comments: _____

I hereby certify that the above information is correct.

Participant's Signature

Date

Any "YES" response concerning cardiovascular, pulmonary or metabolic problems may not engage in any fitness test or exercise program until a medical clearance form is completed and signed by an appropriate physician.

Medical Clearance Form

I hereby certify that, to the best of my knowledge, this person examined has no contraindications to participation in a sub-maximal exercise profile, musculoskeletal rehabilitative, and/or progressive fitness program.

List Any Limitations or Precautions: _____

Signature of Physician

Type or Print Name

Phone

Date