PHYSICAL ACTIVITY RISK FACTOR QUESTIONAIRE

NAME:_____ DATE: _____
LAST 4 SSN:_____

1. Has anyone in your immediate family died from a heart condition or from sudden death before age 50 or been diagnosed with Marfan's syndrome?	☐ YES ☐ NO
2. Has your healthcare provider said that you have a heart or other medical condition and limited what you should do?	☐ YES ☐ NO
3. Do you feel pain in your chest when you do physical activity?	☐ YES ☐ NO
4. In the past month, have you had chest pain when you were NOT doing physical activity?	☐ YES ☐ NO
5. Have you become lightheaded or dizzy, passed out or nearly passed out during or after exercise?	☐ YES ☐ NO
6. Do you have a bone or joint problem (such as back, knee, or hip) that could be made worse by a change in your physical activity?	☐ YES ☐ NO
7. Is our medical practitioner currently prescribing drugs (such as water pills) for your blood pressure or heart condition?	☐ YES ☐ NO
8. Do you know of any reason why you should not do physical activity?	☐ YES ☐ NO
9. Are you a current smoker?	☐ YES ☐ NO

MEMBER SIGNATURE:_____ DATE SIGNED:_____

MEDICAL REPRESENTATIVE SIGNATURE:_____ DATE:

MEDICAL REPRESENTATIVE ONLY:

Screening completed on :_____

Member is cleared to participate in rigorous physical training: ☐ YES ☐ NO

Additional Comments (for "Yes" responses):