

## Health History & Pre-Participation Screening

<b>Name:</b> _____	<b>Date:</b> _____
<b>Phone:</b> _____	<b>Age:</b> _____
<b>Email:</b> _____	<b>Height:</b> _____
<b>Address:</b> _____	<b>Weight:</b> _____
_____	
<b>Physician:</b> _____	<b>Physician</b>
	<b>Phone:</b> _____
<b>Emergency</b>	
<b>Contact:</b> _____	<b>Phone:</b> _____
	_____

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## Pre-participation Screening Questionnaire

Assess your health status by marking all true statements

### History

You have had:

- A heart attack
- Heart surgery
- Cardiac catheterization
- Coronary angioplasty (PTCA)
- Pacemaker/implantable cardiac defibrillator
- Heart valve disease
- Heart failure
- Heart transplantation
- Congenital heart disease

### Symptoms

- You experience chest discomfort with exertion.
- You experience unreasonable breathlessness.
- You experience dizziness, fainting, or blackouts.
- You take heart medications.

*If you marked any of these statements in this section, consult your physician or other appropriate health care provider before engaging in exercise. You may have to obtain written medical clearance from your physician, as determined on a case-by-case basis.*

**Other Health Issues:**

- You have diabetes.
- You have asthma or other lung disease.
- You have burning or cramping sensation in your lower legs when walking short distances.
- You have musculoskeletal problems that limit your physical activity.
- You have concerns about the safety of exercise.
- You take prescriptions medication(s).
- You are pregnant.

**Cardiovascular risk factors**

- You are a man older than 45 years.
- You are a woman older than 55 years, have had a hysterectomy, or are postmenopausal.
- You smoke, or quit smoking within the previous 6 months.
- Your blood pressure is > 140/90 mm Hg.
- You do not know your blood pressure.
- You take blood pressure medication.
- Your blood cholesterol level is >200 mg/dL.
- You do not know your cholesterol level.
- You have a close blood relative who had a heart attack or heart surgery before age 55 (father or brother) or age 65 ( mother or sister).
- You are physically inactive (i.e., you get <30 minutes of physical activity at least 3 days/week).
- You are >20 pound overweight.

*If you marked two or more statements in this section, consult your physician or other appropriate health care provider before engaging in exercise. You may have to obtain written medical clearance from your physician.*

***Please note: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.***

ABATES employees and staff assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, please consult your doctor prior to physical activity.

“I have read, understood, and completed this questionnaire to the best of my ability. Any questions I had were answered to my full honesty and satisfaction.”

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_