

Name of participant:					Date:
DOB:		Age:	Home Phone:		Work Phone/Cell Phone

Regular exercise associated with many health benefits, yet any change of activity may increase the risk of injury. Please read each question carefully and answer every question honestly:

Yes	No	1) Has a physician ever said you have a heart condition and you should only do physical activity recommended by a physician?
Yes	No	2) When you do physical activity, do you feel pain in your chest?
Yes	No	3) When you were not doing physical activity, have you had chest pain in the past month?
Yes	No	4) Do you ever lose consciousness or do you lose your balance because of dizziness?
Yes	No	5) Do you have a joint or bone problem that may be made worse by a change in your physical activity?
Yes	No	6) Is a physician currently prescribing medications for your blood pressure or heart condition?
Yes	No	8) Do you have insulin dependent diabetes?
Yes	No	10) Do you know of any other reason you should not exercise or increase your physical activity?

If you answered yes to any of the above questions, you must talk with your doctor **BEFORE** you become more physically active.

If you honestly answered no to all questions you can be reasonably positive that you can safely increase your level of physical activity **gradually**.

If your health changes so you then answer yes to any of the above questions, seek guidance from a physician.

Applicant Name:
Applicant Signature:
Guardian Name:
Guardian Signature:

Please tell us of any other injuries old or new we should be aware of:

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