



Please complete the following questionnaire. Answer with a check mark in the appropriate box.

If you answer YES to any of the following questions, please contact your health care provider for clearance before starting any fitness program.

		YES	NO
1	Has your health care provider told you that you have a heart condition and/or that you should only perform activity recommended by a doctor?		
2	Do you feel chest pain during physical activity?		
3	Do you lose balance due to dizziness?		
4	Do you have fainting spells?		
5	Do you have a bone or joint problem that could be made worse by certain types of exercise?		
6	Are you currently prescribed blood pressure, cholesterol-lowering, or any heart condition medications?		
7	Do you have asthma, bronchitis or emphysema?		
8	Do you have epilepsy or experience seizures?		
9	Are you now prescribed any prescription medications that would limit your participation in an exercise program?		
10	Has your health care provider advised you to NOT engage in an exercise program?		

Signature \_\_\_\_\_ Date: \_\_\_\_\_