

AHA/ACSM Health/Fitness Facility Preparticipation Screening Questionnaire* (Medical History Form)

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, or rhythm disturbance

heart valve disease

heart failure

heart transplantation

congenital heart disease

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Symptoms

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

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 prescription medication(s).

You are pregnant.

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 need to use a facility with a **medically qualified staff**.

Cardiovascular Risk Factors

You are a man older than of 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 mmHg.

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 on at least 3 days per week.)

You are > 20 pounds overweight.

If you marked two or more of the statements in this section you should consult your physician or other appropriate health care provider before engaging in exercise. You might benefit from using a facility with a **professionally qualified exercise staff*** to guide your exercise program.

None of the above

You should be able to exercise safely without consulting your physician or other appropriate health care provider in a self-guided program or almost any facility that meets your exercise program needs.

****Professionally qualified exercise staff refers to appropriately trained individuals who possess academic training, practical and clinical knowledge, skills, and abilities commensurate with the credentials defined in Appendix F of the ACSM Guidelines 2006.

*Modified from American College of Sports Medicine and American Heart Association. (1998).