

# Exercise Preparticipation Health Screening Questionnaire for Exercise Professionals

Assess your client's health needs by marking all *true* statements.

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## Step 1

### SIGNS AND SYMPTOMS

Does your client experience:

- chest discomfort with exertion
- unreasonable breathlessness
- dizziness, fainting, blackouts
- ankle swelling
- unpleasant awareness of a forceful, rapid or irregular heart rate
- burning or cramping sensations in your lower legs when walking short distance
- known heart murmur

If you **did** mark any of these statements under the symptoms, **STOP**, your client should seek medical clearance before engaging in or resuming exercise. Your client may need to use a facility with a **medically qualified staff**.

If you **did not** mark any symptoms, continue to steps 2 and 3.

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## Step 2

### CURRENT ACTIVITY

Has your client performed planned, structured physical activity for at least 30 min at moderate intensity on at least 3 days per week for at least the last 3 months?

Yes  No

Continue to Step 3.

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## Step 3

### MEDICAL CONDITIONS

Has your client had or do they currently have:

- a heart attack
- heart surgery, cardiac catheterization, or coronary angioplasty
- pacemaker/implantable cardiac defibrillator/rhythm disturbance
- heart valve disease
- heart failure
- heart transplantation
- congenital heart disease
- diabetes
- renal disease

Evaluating Steps 2 and 3:

- If you **did not mark any of the statements in Step 3**, medical clearance is not necessary.
- If you marked Step 2 "**yes**" and **marked any of the statements in Step 3**, your client may continue to exercise at light to moderate intensity without medical clearance. However, medical clearance is recommended before engaging in vigorous exercise.
- If you marked Step 2 "**no**" and **marked any of the statements in Step 3**, medical clearance is recommended. Your client may need to use a facility with a **medically qualified staff**.