

Name _____

Date _____

Pre-Exercise Participation Questionnaire

Employee Initials: _____

1. Do you have any of the following symptoms?

If yes, you will need medical clearance from your doctor.

- Chest discomfort with exertion
- Unreasonable breathlessness
- Dizziness, fainting, or blackouts
- Ankle swelling
- Unpleasant awareness of a forceful, rapid or irregular heart rate
- Burning or cramping sensations in your legs when you walk short distances
- None of the above**

1.b If yes to any of the above fill in #2

2. Provider Information (Only if answered yes to #1)

Name: _____

Location: _____

Phone: _____

FAX: _____

3. Do you participate in regular physical activity?

(Planned, structured physical activity for at least 30 minutes at a moderate intensity on at least 3 days a week for the last 3 months)

- Yes
- No

4. Have you had surgery in the past 12 months?

- Yes
- No

4.b If yes, what was the surgery and when?

_____/_____/_____

5. Do you currently have any of the following diagnoses within the last year? If yes, we recommend you contact your doctor to discuss the exercise activity level appropriate for you.

- 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
- Stroke/Transient Ischemic Attack (TIA)
- Other (specify: _____)
- None of the above**

6. Have you had any diagnosed bone or joint injuries or diseases within the last 6 months?

- If yes, list location(s) on your body:

- No

7. Are you currently or have you recently worked with a physical therapist?

- If yes, complete the following:

Name: _____

Location: _____

- No

Signature: _____

For DCFL Use Only: Med Clearance (MC) Needed? (Check all that apply)

NO to #1: Member does not need MC. Go on to question #3.

YES to #1: Member needs MC. Offer to fax the MC form to their doctor (need their fax #) or have member contact doctor (faster). Add member name to MC binder, Add Check-in-Alert, store Scan Tag in MC binder. When MC is received, contact member, remove Check-in-Alert, Update MC binder, Give Scan Tag to member.

YES to #3: Recommend that the member discuss the appropriate exercise activity level with their doctor. Review and obtain member signature on Rate of Perceive Effort form. No MC is needed. Scan completed form into MC folder (see EP if needed)