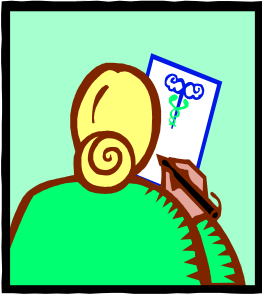


ARE YOU READY TO EXERCISE?



Physical activity is important for physical and mental health. Typically, all individuals are encouraged to participate in physical activity. There are, however, certain circumstances in which it is suggested a medical physician give you written permission to exercise. Please answer the following questions below honestly. It is important for me to know if you have any health conditions that can be affected by physical activity. **All information is confidential.**

(Revised 2-19-03)

Please circle 'Yes' or 'No' for each question.

- Yes No 1. Has a doctor ever told you that you have asthma?
- Yes No 2. Has a doctor ever told you that you have diabetes?
- Yes No 3. Has a doctor ever told you that you have a heart problem?
- Yes No 4. Do you ever feel pains in your chest when engaging in physical activity?
- Yes No 5. Do you currently take prescription drugs for blood pressure or a heart condition?
- Yes No 6. Do you have a bone/joint problem that may be made worse by exercise?
- Yes No 7. Do you ever get light-headed/dizzy while exercising? If so, explain: _____

- Yes No 8. Do you know of ANY other reason why you should not engage in physical activity? If so, explain: _____

If you have answered 'yes' to any of the above you may need a written permission from a physician to allow you to participate in class. If it is determined necessary for you to obtain a physician's note, you will not be able to participate in class until I receive the note. Please inform me as soon as possible if any aspect of your health changes that would result in a change of answers on this form.

I have read and understand this questionnaire and have answered all questions to the best of my knowledge.

Name (Print): _____ Date: _____

Signature: _____

