

Exercise Pre-participation Health Screening Questionnaire for Exercise Professionals

Asses your client health needs by marking all true statements.

Step 1

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

If you **did** mark any of the 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

Step 2

CURRENT ACTIVITY

Does your client currently perform planned, structured physical activity 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

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. Medical clearance 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**.