

Clearance for Exercise Participation Form:

Name: _____

Date: _____

Objective: To determine the safety of exercise participation.

Introduction: Although exercise participation is relatively safe for most apparently healthy individuals under the age of 45, the reaction of the cardiovascular system to increased levels of physical activity cannot always be totally predicted. Consequently, there is a small but real risk of certain changes occurring during exercise participation. Some of these changes may be abnormal blood pressure, irregular heart rhythm, fainting, and in rare instances a heart attack or cardiac arrest. Therefore, you must provide honest answers to this questionnaire. Exercise may be contraindicated under some of the conditions listed below; others may simply require special consideration. If any of the conditions apply, you should consult your physician ***before*** you participate in an exercise program.

A. Have you ever had or do you now have any of the following conditions?

- 1. A myocardial infarction.
- 2. Coronary artery disease.
- 3. Congestive heart failure.
- 4. Elevated blood lipids (cholesterol & triglycerides).
- 5. Chest pain at rest or during exertion.
- 6. Shortness of breath.
- 7. An abnormal resting or stress electrocardiogram.
- 8. Uneven, irregular, or skipped heartbeats (including a racing or fluttering heart).
- 9. A blood embolism.
- 10. Thrombophlebitis.
- 11. Rheumatic heart fever.
- 12. Elevated blood pressure.
- 13. A stroke.
- 14. Diabetes.
- 15. A family history of coronary heart disease, syncope, or sudden death before age 60.
- 16. Any other heart problem that makes exercise unsafe.

B. Do you have any of the following conditions?

- 1. Arthritis, rheumatism, or gout.
- 2. Chronic low-back pain.
- 3. Any other joint, bone, or muscle problems.
- 4. Any respiratory problems.
- 5. Obesity (more than 30% overweight).
- 6. Anorexia.
- 7. Bulimia.
- 8. Mononucleosis.
- 9. Any physical disability that could interfere with safe participation in exercise.

C. Do any of the following conditions apply?

- 1. Do you smoke cigarettes?
- 2. Are you taking any prescription drug?
- 3. Are you 45 years or older?

D. Do you have any other concern regarding your ability to safely participate in an exercise program? If so, explain:

Your signature verifies that you understand the risks of exercise participation, and that you have taken the recommended precautions to insure your safety.

Signature

Date