



Pre-Activity Screening and Risk Stratification Form

Name: _____ Date: _____

A. Physical Activity Readiness Questionnaire (PAR-Q)	Yes	No
Has your doctor ever said that you have a heart condition and that you should only perform physical activities recommended by a doctor?		
Do you feel pain in your chest when you perform physical activities ?		
In the past month, have you had chest pain when you were not performing any physical activities?		
Do you lose your balance because of dizziness or do you ever lose consciousness?		
Do you have a bone or joint problem that could be made worse by a change in your physical activities?		
Is your doctor currently prescribing any medication for your blood pressure or for a heart condition?		
Do you know of <u>any</u> other reason why you should not engage in physical activities?		

B. Coronary Risk Factors	Yes	No
Age: Male greater than 45 y/o Female greater than 55 y/o		
Family History: Heart attack or sudden death before 55 years of age for father or other first degree male relative and/or before 65 years of age for mother or other first degree female relative.		
Cigarette smoker (current)		
High cholesterol: Blood cholesterol greater than 200 mg/dl		
High Blood Pressure		
Diabetes mellitus		
Sedentary lifestyle		

C. Diagnosed Disease	Yes	No
Cardiovascular Disease- Cardiac, Peripheral Vascular, or Cerebrovascular Disease		
Pulmonary Disease- COPD, Interstitial Lung Disease, Cystic Fibrosis, or Asthma		
Metabolic Disease- Type I or II Diabetes, Thyroid Disorders, Renal or Liver Disease		

(Over)

D. Signs or Symptoms Suggestive of Cardiovascular and Pulmonary Disease	Yes	No
Pain or discomfort in the chest, neck, jaw, arms, or other areas that may be due to lack of adequate circulation		
Shortness of breath at rest, during daily activities, or with mild exertion		
Dizziness or fainting		
Breathing discomfort when not in an upright position or interrupted breathing at night		
Ankle edema (swelling)		
Abnormal rapid heart beat		
Cramping pain and weakness in legs, esp. calves, during walking due to inadequate blood supply to the muscles		
Known heart murmur		
Unusual or unexplained fatigue		

----- **Risk Stratification** -----

___ **Apparently Healthy:** Without symptoms and is apparently healthy with no more than one "Yes" checked in section B.

___ **Moderate Risk:** Has checked "Yes" for at least one answer in section D and/or two or more in section B. ***Medical Release Form recommended.** We attached a copy to this Pre-Activity Form that you may print out and take to your doctor.

___ **High Risk:** Has checked "Yes" for at least one answer in section C.
***Medical Release Form recommended.** We attached a copy to this Pre-Activity Form that you may print out and take to your doctor.



Power-Up! Health Fitness Performance
(315)717-5712

Medical Clearance Form for Fitness Training and/or Fitness Assessment

Dear _____

_____ would like to participate in a Fitness Training program consisting of resistance training, cardiovascular training, flexibility training, balance training, core training, reactive training and/or engage in a Fitness Assessment consisting of assessment of cardiorespiratory endurance, muscular endurance, dynamic as well as static postural analysis, range of motion/flexibility, reactive abilities, balance and functional mobility, and body composition (body fat %, BMI, girth measurements).

During the Pre-Activity Screening it was noted that a request for medical clearance was necessary prior to engagement of an exercise program and/or fitness testing for the following reason(s): _____

Would you please choose the appropriate response below and/or write down any recommendations that you may have?

1. There are no contraindications to participate in a moderately vigorous exercise program.

2. Participation in a moderately vigorous exercise program is approved; however, please note the following restrictions, limitations, conditions, etc.: _____

3. Participation in a moderately vigorous exercise program is inadvisable.

Physician Signature _____ Date _____

Participants Signature _____ Date _____