



Please Send to LifeQuest
Box #60

City of Gainesville Wellness Centers
Pre-Participation Questionnaire

Last Name _____ First Name _____ Dept. _____

Phone Number (work) _____ (home/cell) _____ Date of Birth _____

Please check () your response to the following questions. If yes, please explain.

Yes No

- () () 1. Are you currently taking any prescribed or over the counter medications? If yes, please list the medication and its purpose: _____

- a.) Are any of these a beta blocker, heart, or stroke medication? _____
- () () 2. Has a physician ever told you that you have a heart condition? If yes please explain: _____

- () () 3. Do you feel pain or pressure in your chest, neck, shoulder(s) or arm(s) during or after physical activity?
- () () 4. Do you lose your balance because of dizziness or do you ever lose consciousness?
- () () 5. Has a physician ever told you or are you aware that you have high blood pressure?
- () () 6. Has anyone in your immediate family (parents, brothers, sisters) had a heart attack, stroke, or cardiovascular disease before age 50?
If yes, please explain: _____
- () () 7. Has a physician ever told you or are you aware that you have a high cholesterol level?
- () () 8. Do you currently smoke? For how long and how often? _____
- () () 9. Do you have any bone or joint problems that could be made worse by a change in your physical activity?
- () () 10. Do you have any physical or medical conditions (e.g. Diabetes, recent surgery, arthritis, pregnancy, etc.) not mentioned above, or do you know any other reason why you should *not* engage in physical activity? If yes, please explain: _____
- () () 11. Are you currently exercising *less than* 3 times per week? If not, please list your activities: _____

That fact that you answered “No” to the above questions does not guarantee that you will not have an abnormal response to exercise. All physical activity entails some risk. Always seek City of Gainesville Wellness Centers Staff or call 911 if you experience chest or neck pain, radiating pain on one side of own one arm, severe headache, extreme fatigue, or any other unusual symptoms. If you answered “Yes” to any of these questions, it might be recommended that you obtain your physician’s permission to participate. Your file will be reviewed and you will be contacted with further details, please help by being specific with your answers.

Signature

Date

The City of Gainesville Wellness Centers recommend that every participant consult his/ her physician before beginning any exercise program, after a lengthy period of inactivity, and/or if your health status changes.