

Pre-Participation Screening Questionnaire

Please complete this form to help us determine your readiness to begin a physical activity program. Information that you provide on this form will be maintained in a confidential manner and disclosed only to the Gutz N' Glory Power Bootcamp, LLC staff. This information will be used only for the purposes of your participation in the fitness boot camp.

Name :	Date:
Date of birth:	Age: Sex:

Please complete form to the best of your knowledge.

Y N

1. Have you had a heart attack, stroke, or heart surgery? Please specify _____

2. Has your doctor said that you have cardiovascular, pulmonary, metabolic or other significant disease?

3. Has your doctor said that you have a heart murmur or irregular heart beat?

4. During or right after exercise, do you have pains or pressure in the left or mid-chest area, left neck, shoulder or arm?

5. Do you experience shortness of breath at rest or with mild exertion?

6. Do you experience dizziness/fainting spells at rest or with exertion?

7. Do you have insulin-dependent diabetes or take medication to control your blood sugar?

8. Do you have a medical condition not mentioned here *which might affect your ability to participate in an exercise program* (i.e., seizures, emphysema, asthma, etc.)?
Please specify _____

9. Have you experienced leg pain upon exertion?

10. Has your doctor said that you have a musculoskeletal disorder that could be made worse by physical activity (i.e., bursitis, arthritis, joint or muscle disorder, etc.)?
Please specify _____

Y N

11. Are you currently taking prescription medication for an underlying disorder (i.e., heart, lung, GI, blood) that may impact your ability to exercise? If yes, please complete the Medication Information below.
12. Are you currently pregnant or within six weeks postpartum? (#of months pregnant _____)

**If you answered yes to any of the statements above, you must consult your physician before engaging in exercise.*

13. Are you a male over the age of 45?
14. Are you a female over the age of 55, or post menopausal, or had a hysterectomy?
15. Do you smoke or have you smoked within the last 6 months?
16. Has your doctor said that you have high blood pressure ($\geq 140/90$) or are you on medication for your blood pressure?
17. Is your total serum cholesterol $>200\text{mg/dl}$?
18. Do you have a male family member (father/brother) who has had a heart attack/heart surgery before age 55 or a female family member (mother/sister) with this condition before age 65? Please specify _____
19. Are you physically inactive (i.e., you accumulate less than 30 minutes of physical activity on at least 3 days/week)
20. Do you consider yourself more than 20lbs. overweight?

**If you answered yes to two or more of the statements above, you must consult your physician before engaging in exercise.*

When was your last physical exam? _____

Do you have any exercise limitations not previously discussed (i.e., recent injuries, etc.)? Yes No

If yes, please explain: _____

Please List any other pertinent health/medical information (including medications): _____

I understand that the completion of this form will not result in any type of diagnosis of disease and that it is not intended as a substitute for consultation with my personal physician, I must consult my own personal physician for any evaluation of my health status.

I hereby certify that I have read and understand all questions on this health and exercise history questionnaire, and that all questions have been answered truthfully to the best of my knowledge. I agree to notify the boot camp staff if there are any changes in the information that I have provided herein.

Signature: _____ Date: _____

Witness: _____ Date: _____

All personal information will be kept confidential.