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**.