



## Health History

Assess your health needs by marking all TRUE statements:

You have had:

- heart attack
- heart surgery
- cardiac catheterization
- coronary angioplasty (PTCA)
- pacemaker/implantable cardiac defibrillator
- cardiac arrhythmias
- heart valve disease
- heart failure
- heart transplantation
- congenital heart disease

If you marked any of the statements in this section, you need to consult your healthcare provider before engaging in exercise / VO<sub>2</sub> max testing.

Symptoms:

- You experience chest discomfort with exertion.
- You experience unreasonable breathlessness.
- You experience: dizziness, fainting, blackouts.
- You take heart medications.

Other Health Issues:

- You have musculoskeletal problems.
- You have concerns about the safety of exercise.
- You take prescription medication(s).
- You are pregnant.

Cardiovascular Risk Factors:

- You are a man older than 45 years.
- You are a woman older than 55 years or you have had a hysterectomy or you are postmenopausal.
- You smoke.
- Your blood pressure is >140/90.
- You take blood pressure medication.
- Your blood cholesterol level is >240mg/dL.
- You don't know your cholesterol level.
- You have a close blood relative who had a heart attack before age 55 (father or brother) or age 65 (mother or sister).
- You are diabetic or take medicine to control your blood sugar.
- You are physically inactive. (ie, you get <30 minutes of physical activity, at least 3 days/week.
- You are >20 pounds overweight.
  
- None of the above is true.

If you marked 2 or more of the statements in this section, we may ask you to consult your healthcare provider before engaging in exercise / VO<sub>2</sub> max testing.

Please list any allergies (ie: neoprene, latex)

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**Initials:** \_\_\_\_\_

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**Signature**

**Date**



Please briefly describe your current exercise regimen:

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Signature

Date