HEALTH SCREENING QUESTIONNAIRE

PHYSICAL FITNESS STANDARDS

Please answer the following questions:

Yes	No	
_____	_____	1. Has your doctor ever said you have heart trouble?
_____	_____	2. Do you frequently have pains in your heart and chest?
_____	_____	3. Do you often feel faint or have spells of severe dizziness?
_____	_____	4. Has a doctor ever said your blood pressure was too high?
_____	_____	5. Has your doctor ever told you that you have a bone or joint problem that has been aggravated by exercise or might be made worse with exercise?
_____	_____	6. Is there a good physical reason not mentioned here why you should not participate in physical fitness testing?
_____	_____	7. Are you over the age of 65 and not accustomed to vigorous exercise?
_____	_____	8. Are you using any drugs that might alter your response to exercise?

If you answered **yes** to any questions, you must consult with your physician and provide physician verification at your expense on the Medical Release Form before attempting to participate in the physical fitness testing.

_____

Signature Date

[Note: As this information relates to medical information, it should NOT be included in the employee's personnel file.]