

# Rutgers Pre-activity Screening Questionnaire

PLEASE PRINT CLEARLY

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Email address \_\_\_\_\_ Phone Number \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

Assess your health needs by marking all true statements.

## History

You have had:

- heart attack
- heart surgery
- cardiac catheterization
- pacemaker/implantable cardiac defibrillator/  
rhythm disturbance
- heart valve disease
- heart failure
- heart transplantation
- congenital heart disease

## Symptoms

You have had:

- You experience chest discomfort with exertion.
- You experience unreasonable breathlessness.
- You experience dizziness, fainting, blackouts.
- You take heart medication(s).
- You have musculoskeletal problems.
- You have concerns about the safety of exercise.
- You take prescription medication(s).
- You are pregnant.

## Recommendation

If you marked any of the statements in this section, consult your healthcare provider before engaging in exercise. You may need to use a facility with a medically qualified staff.

## 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 don't know your blood pressure.
- You take blood pressure medication.
- Your blood cholesterol level is >240 mg/dL.
- You don't know your cholesterol level.

## Cardiovascular Risk Factors (continued)

- 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 (i.e. you get less than 30 minutes of physical activity on at least 3 days per week).
- You are more than 20 pounds overweight.

## Recommendation

If you marked two or more of the statements in this section, you should consult your healthcare provider before engaging in exercise. You might benefit from using a facility with a professionally qualified exercise staff to guide your exercise program.

None of the above is true.

## Recommendation

You should be able to exercise safely without consulting your healthcare provider in almost any facility that meets your exercise program needs.

I declare that I have read, understood, and agree to the recommendations of the above pre-activity screening questionnaire.

I understand that part of the risk involved in undertaking any activity or program is relative to my own state of fitness or health (physical, mental, or emotional) and to the awareness, care, and skill with which I conduct myself in that activity, service, and program of Rutgers Recreation brings with it my assumption of those risks or results stemming from this choice and the fitness, health, awareness, care and skill that I possess and use.

I recognize that I may experience potential health risks such as transient lightheadedness, fainting, abnormal blood pressure, chest discomfort, leg cramps, and nausea and that I assume willfully to those risks. I acknowledge my obligation to immediately inform the nearest supervising employee of any pain, discomfort, fatigue, or any other symptom that I may suffer during and immediately after my participation. I understand that I may stop or delay participation in any activity or procedure if I so desire and that I may also be requested to stop and rest by a supervising employee who observes any symptoms of distress or abnormal response.

*\*If information changes, please see a Fitness Assistant and fill out a new form with updated information.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

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Recreation