

## **PRE-ASSESSMENT QUESTIONS**

**: POSITIVE ANSWERS TO ANY ONE OF THESE QUESTIONS, REQUIRES A MEDICAL CLEARANCE:**

1. Do you have any personal history of heart problems, chest pain or stroke?
2. Do you currently have high blood pressure (>140/90), even if controlled by medications?
3. Do you have history of breathing/lung problems, including shortness of breath during moderate exercise?
4. Do you have diabetes or a thyroid condition?
5. Do you often feel faint or have spells of dizziness?
6. Are you pregnant? Or have you been pregnant within the last three (3) months?
7. Do you have a muscle, joint, low back disorder or a previous injury that is still affecting you?

**: POSITIVE ANSWERS TO TWO OR MORE OF THE FOLLOWING QUWTIONS REQUIRES MEDICAL CLEARANCE**

1. Males: Are you over the age of 45?
2. Females: Are you over the age of 55?
3. Do you smoke?
4. Do you currently have high cholesterol?
5. Are you sedentary?
6. Have you had any recent surgeries within the last six (6) months?
7. Diagnosed with Obesity by a physician.
8. History of heart problems in immediate family?
  - a. Has your sister or brother had a heart attack or died suddenly of heart disease before 55?
  - b. Has your mother or father experienced these problems before age 65?
9. Are you currently or have you been under the care of a physician within the las six (6) months?

IF YOU HAVE ANY QUESTIONS REGARDING A PATRON'S STATUS, PLEASE CONTACT KELLY OR JOSH

