



## 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.

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Signature

Date

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