

# EXERCISE PARTICIPATION SCREENING

Assess the individual's health by marking all statements that are true.

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**Signs and Symptoms:** Does the individual experience any of the following:

- Dizziness, fainting, blackouts
- Chest discomfort with exertion
- Unreasonable breathlessness
- Ankle swelling
- Burning or cramping sensations in lower legs when walking a short distance
- Unpleasant awareness of a forceful, rapid or irregular heart rate
- Known heart murmur

If any of the above statements were marked true, **STOP**, the individual should seek medical clearance before engaging in exercise.

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**Current Activity:** Has the individual performed planned, structured physical activity for at least 30-minutes at a moderate intensity on at least 3 days per week for at least 3 months?

- Yes
- No

Move to step 3

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**Medical Conditions:** Does the individual currently have or has had any of the following:

- Heart surgery, cardiac catheterization, or coronary angioplasty
- Heart attack
- Heart valve disease
- Heart failure
- Pacemaker/implantable cardiac defibrillator/rhythm disturbance
- Heart transplantation
- Congenital heart disease
- Diabetes
- Renal disease



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## Evaluation of steps 2 and 3:

- If you did **NOT** mark any statements true in section 3, medical clearance is not needed.
- If you marked “**yes**” to **step 2** and marked **any** statement true in **step 3**, the individual may continue to exercise at a light/moderate intensity without medical clearance. Medical clearance is recommended before engaging in vigorous exercise.
- If you marked “**no**” to **step 2** and marked **any** statement true in **step 3**, medical clearance is needed.

Does the individual need medical clearance? \_\_\_Yes / \_\_\_ No

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*If participant is under 18 years of age*

