AMERICAN Cast Iron Pipe Company

WELLBODY PROGRAM

1500 32ND Avenue North, Birmingham, Alabama 35207 • P.O. Box 2727, Birmingham, Alabama 35202-2727
Telephone: (205) 307-2745 • Fax: (205) 325-4701 • wcenter@american-usa.com

Preparticipation Health Screening Questionnaire*

Name _____ Badge Number _____ Date _____

Department _____ Date of Birth _____ Phone # _____

Emergency Contact _____ Phone # _____

Regular physical activity is safe for most people. However, some individuals should check with their health care provider before they start an exercise program. Please answer the following questions honestly and if indicated, please consult with your health care provider before starting to exercise. This form will need to be completed and returned before beginning your participation in the Eagan Center for Wellness. This form is valid for a maximum of 24 months from the date it is completed and becomes invalid if your health or health history changes. ALL INFORMATION IS CONFIDENTIAL.

Step 1: Signs and Symptoms

Do you experience:

- ☐ chest discomfort with exertion
- ☐ unreasonable breathlessness
- ☐ dizziness, fainting, blackouts
- ☐ ankle swelling
- ☐ unpleasant awareness of a forceful, rapid or irregular heart rate
- ☐ burning or cramping sensations in lower legs when walking short distances
- ☐ known heart murmur

If you **marked** any of these statements under the symptoms, **STOP**, you MUST seek medical clearance before engaging in or resuming exercise.

Step 2: Current Activity

Have you performed planned, structured physical activity for at least 30 minutes at moderate intensity of at least 3 days per week for at least the last 3 months?

☐ **Yes** ☐ **No**

Continue to Step 3

Step 3: Medical Conditions

Have you had or do you currently have:

- ☐ a heart attack
- ☐ heart surgery, cardiac catheterization, or coronary angioplasty
- ☐ pacemaker/implantable cardiac defibrillator/rhythm disturbance
- ☐ heart valve disease
- ☐ heart failure
- ☐ heart transplantation
- ☐ congenital heart disease
- ☐ diabetes
- ☐ renal disease

Evaluating Steps 2 and 3:

- If you **did NOT mark any of the statements in Step 3**, medical clearance is not necessary.
- If **you marked Step 2 "yes"** and **marked any of the statements in Step 3**, you may continue to exercise at light to moderate intensity without medical clearance. Medical clearance is recommended before engaging in vigorous exercise.
- If you **marked Step 2 "no"** and **marked any of the statements in Step 3**, medical clearance is recommended.

MEDICAL CLEARANCE ***(To Be Completed by Health Care Provider If Indicated Above)***

Name: _____ Phone No: _____ Fax No: _____

Name of Health Care Provider: _____

Practice Location/Address: _____

(Check, as applicable):

☐ a. I am not aware of any reason why the patient should not participate in this program.

☐ b. I believe the patient may participate, but I urge caution because: _____

☐ c. I recommend that the patient NOT participate in the program.

Health Care Provider Signature: _____ Date: _____

M-1711 Rev.
05-21

*Thompson, Paul D, FACM; Arena, Ross PhD, PT, FACSM; Riebe, Deborah PhD, FACSM; Pescatello, Linda S. PhD, FACSM, CPD. "ACSM's New Preparticipation Health Screening Recommendations from *ACSM's Guidelines for Exercise Testing and Prescription*", Ninth Edition. Current Sports Medicine Reports: July/August 2013 – Volume 12 – Issue 4 – p 215-217.