

# Get up and go Health Screen

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M F (please circle)

<i>Answer the following questions by placing a tick in the appropriate box:</i>	<b>YES</b>	<b>NO</b>
Are you over the age of 65?	<input type="checkbox"/>	<input type="checkbox"/>
Has anyone in your family had a heart attack or stroke?	<input type="checkbox"/>	<input type="checkbox"/>
Has your physician ever said you have heart trouble?	<input type="checkbox"/>	<input type="checkbox"/>
Has your physician ever told you that you have high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had a stroke?	<input type="checkbox"/>	<input type="checkbox"/>
Have you experienced pains in your heart, chest, or surrounding areas?	<input type="checkbox"/>	<input type="checkbox"/>
Do you often feel faint or have spells of severe dizziness?	<input type="checkbox"/>	<input type="checkbox"/>
Do you experience swelling or accumulation of fluid in or around your ankles?	<input type="checkbox"/>	<input type="checkbox"/>
Have you experience unusual fatigue or shortness of breath?	<input type="checkbox"/>	<input type="checkbox"/>
.....		
Do you have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please complete an action plan on reverse		
Do you have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please complete an action plan on reverse		
Are you on any medication?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please get physician to complete medical clearance form		
Have you experienced a serious injuries (dislocations, reconstruction or broken bone)?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please complete an action plan on reverse		
Is there any other reason your participation could be limited? Please specify:		
_____		
_____		
_____		

If you answered YES to any of the above questions then a medical clearance from a physician is required before you can join the program. The physician must provide a written statement specifying the type and intensity of physical activity that is safe for you to perform.