

Beaumont Health and Fitness Center

PRE-ACTIVITY HEALTH SURVEY

YES	NO	QUESTION LIST
		1. Do you get chest pain while at rest and/or during exertion?
		2. If the answer to #1 is yes , is it true that you have not had a physician diagnose those pains yet?
		3. Have you had a heart attack?
		4. If the answer to #3 is yes , was your heart attack within the last year?
		5. Do you have high blood pressure?
		6. Do you have diabetes?
		7. If the answer to #6 is yes , are you presently being treated for diabetes?
		8. Are you short of breath after extremely mild exertion, at rest, or at night in bed?
		9. Do you have ulcerated wounds or cuts on your feet that do not seem to heal?
		10. As an adult, have you ever had a fracture in the hip, spine, or wrist?
		11. Have you undergone joint replacement surgery? Joint: _____ Year: _____
		12. Do you get pain in your buttocks, thighs (front or back), or calves when you walk?
		13. While at rest, do you frequently experience fast, irregular heartbeats? Or, at the other extreme, very slow beats?
		14. Are you currently being treated for any heart or circulatory condition, such as vascular disease, stroke, angina, hypertension, congestive heart failure, poor circulation to the legs, valvular disease, blood clots or pulmonary disease?
		15. Have you previously undergone either coronary angioplasty or heart bypass surgery, or both?
		16. Have you fallen more than twice in the past year (no matter what the reason)?

If you have checked YES to any of the questions above, it is advised that you consult with your physician prior to participating in physical activity.

Exercise is safe and healthy for most people. Exercise has been shown to improve chronic health conditions and overall quality of life. However, certain health conditions may be exacerbated by increasing physical activity. At the Health and Fitness Center, it is our priority to keep you safe and help you to achieve all of the wonderful benefits of physical activity. For this reason, we advise that you speak with your physician over the phone or in person if you have answered yes to any of the above questions.

I have read, understood, and completed this survey.

Members Name: _____ Date: ____/____/____

Members Signature: _____ Date: ____/____/____

Beaumont Health and Fitness Center
Inside Beaumont Medical Center
 25631 Little Mack Ave. | St. Clair Shores, MI 48081
 Phone: 586-447-8080 | beaumont.org/fitness-center-scs

Revised 2/15/2018