

UC WorkStrong Pre-Participation Screening

Check all medical problems you have experienced within one year (unless indicated otherwise). Follow the instructions in each section.

Cardiovascular History

You have had:

- A heart attack
- Heart surgery
- Cardiac catheterization
- Coronary angioplasty (PTCA)
- Pacemaker/implantable cardiac defibrillator/rhythm disturbance
- Heart valve disease
- Heart failure
- Heart transplantation
- Congenital heart disease
- Heart palpitations
- You take heart medications

Signs & Symptoms

- Heart murmur
- You experience chest discomfort with exertion
- You experience unreasonable breathlessness or fatigue with usual activities
- You experience dizziness, fainting, blackouts

- You have burning or cramping sensation in your lower legs when walking short distances
- You have circulatory conditions like ankle swelling
- You have ankle swelling not related to musculoskeletal injury

Other Health Concerns

- You had a stroke or have cerebrovascular disease
- You have diabetes or other metabolic disease
- Your fasting blood glucose level is equal to or greater than 100 mg
- You have asthma or other lung condition/disease
- You have a medical diagnosis or disease

Please indicate:

- You have musculoskeletal problems that limit physical activity
- You are pregnant
- You have concerns about the safety of exercise

Cardiovascular Risk Factors

- You are a man 45 years of age or older
- You are a woman 55 years of age or older, have had a hysterectomy, or are postmenopausal
- You smoke or quit smoking within the previous 6 months
- Your blood pressure is greater than or equal to 140/90 mmHg or you do not know your blood pressure
- You take blood pressure medication
- Your blood cholesterol level is greater than 200 mg/dl or you do not know your cholesterol level
- You have a close blood relative who had a heart attack before age 55 (father or brother) or age 65 (mother or sister)
- You are physically inactive (i.e., you get less than 30 minutes of physical activity on at least 3 days per week)
- You are more than 20 pounds overweight

- I do not have any cardiovascular history, signs or symptoms, cardiovascular risk factors or other health concerns.

Signature: _____ Print Name: _____ Date: ___/___/___