**Health Screening Form:**

This questionnaire asks some questions about your health status. This information is used to guide us with your entry into the study.

Contraindications to participation in this study include any injury that makes exercise uncomfortable, any kidney problems, or any cardiovascular diseases including bleeding disorders, or any respiratory diseases.

**Health Screening Form**

**STUDY:** *(Insert title)*

**PARTICIPANT ID CODE:**

**SELF REPORT CHECKLIST:**

**Past Health Problems:**

[ ] Rheumatic Fever [ ] Epilepsy

[ ] Heart Murmur [ ] Varicose Veins

[ ] High Blood Pressure [ ] Disease of the Arteries

[ ] High Cholesterol [ ] Emphysema, Pneumonia, Asthma, Bronchitis

[ ] Congenital Heart Disease [ ] Back Injuries

[ ] Heart Attack [ ] Kidney and liver disease

[ ] Heart Operation [ ] Heartburn

[ ] Diabetes (diet or insulin) [ ] Enteritis/Colitis/Diverticulitis

[ ] Ulcers [ ] Bleeding Disorders

[ ] Bleeding from Intestinal Tract

**Present Health:**

List current problems: List medications taken now or in last 3 months:

1. 1.

2. 2.

For Females: Pregnant \_\_\_\_\_\_\_\_ Nursing \_\_\_\_\_\_\_\_

**List Symptoms:**

[ ] Irregular Heart Beat [ ] Fatigue

[ ] Chest Pain [ ] Cough up blood

[ ] Shortness of Breath [ ] Back Pain/Injury

[ ] Persistent Cough [ ] Leg Pain/Injury

[ ] Wheezing (Asthma) [ ] Dizziness

**Current Physical Training Status:**

I consider my physical training status to be: High [ ], Average [ ], Low [ ]

List the types of physical activities that you do on a regular basis:

**Habits:**

Smoking: Never [ ] Ex-smoker [ ] Regular [ ] Average # cigarettes/day [ ]