

Fitness Assessment Questionnaire

Name: _____

Age: _____ Date of birth: ____ / ____ / ____

Identity card / citizen card / passport N°: _____

Clinical history:

Mark with an X the most appropriate answer to the following questions:

1. Have you ever received a medical indication to only perform physical activity with specialized supervision because of any heart problem? Yes ____ No ____
2. Do you notice chest pain when you engage in any physical activity? Yes ____ No ____
3. Did you notice any chest pain, when in no physical effort, in the last month? Yes ____ No ____
4. Have you lost consciousness or balance after a feeling of dizziness? Yes ____ No ____
5. Do you have any bone or joint problems that could be aggravated by your physical exertion? Yes ____ No ____
6. Do you have prescribed by your doctor some medication for blood pressure or for any heart problem (example: diuretics)? Yes ____ No ____
7. Are you aware, from your own experience or by medical advice, of any changes in your general health that prevent you from exercising normally? Yes ____ No ____

If so, which one? _____

In _____, of 201....

