Questionnaire Regarding Exercise/Health Program
For Calendar Year 2021

The following questionnaire is designed to assist in determining your physical readiness to participate in an exercise/fitness program. Your responses are used for informational purposes only. The Town of Suffield, Suffield Senior Center advises all persons to seek medical approval before undertaking an exercise/fitness program.

If you answer “yes” to any question, you must submit a completed Statement of Health Status form (attached). This Statement of Health form must be submitted once per year.

1. Your doctor said you have a heart condition  _____YES _____NO
   and recommended only medically supervised physical activity.

2. During or right after you exercise, you frequently  _____YES _____NO
   have pains or pressure in the left or mid-chest area, left neck, shoulder or arm.

3. You have developed chest pain within the last year.  _____YES _____NO

4. You tend to lose consciousness or fall over due to dizziness.  _____YES _____NO

5. You feel extremely breathless after mild exertion.  _____YES _____NO

6. Your doctor recommended that you take medication  _____YES _____NO
   for blood pressure or a heart condition.

7. Your doctor said you have bone or joint problems  _____YES _____NO
   that could be made worse by physical activity.

8. You have a medical condition or other physical reason not mentioned here with might need special attention in an exercise program. (For example, insulin dependent diabetes.)  _____YES _____NO

9. You are middle-aged or older, have not been physical active, and plan a relatively vigorous exercise program.  _____YES _____NO

________________________________________________________________________
Printed Name

________________________________________________________________________
Signature       Date