

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 and recommended only medically supervised physical activity.  YES  NO
2. During or right after you exercise, you frequently have pains or pressure in the left or mid-chest area, left neck, shoulder or arm.  YES  NO
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 for blood pressure or a heart condition.  YES  NO
7. Your doctor said you have bone or joint problems that could be made worse by physical activity.  YES  NO
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