

Questionnaire Regarding Exercise/Health Program
For Calendar Year 2023

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

STATEMENT OF HEALTH STATUS
Calendar Year 2023

Name: _____

Address: _____

Date: _____

This is to certify that I have found the above-named person to be in good health and free of health problems that would prevent him/her from participating in light to moderate aerobic and strength physical activity program.

Physician Signature: _____

Address: _____

Phone Number: _____

This statement must be signed by a licensed physician or his/her authorized physician assistant or nurse practitioner.