

**FASTraining Inc. 317 Route 94  
South Warwick, New York 10990  
845-987-7730  
[www.fastraininginc.com](http://www.fastraininginc.com)**

### **EXERCISE RISK ASSESSMENT FORM**

**Name** \_\_\_\_\_ **Gender** \_\_\_\_\_ **Age** \_\_\_\_\_  
**DOB** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**Email** \_\_\_\_\_ **Phone** \_\_\_\_\_

Please provide the following information as accurately and completely so that we may assess if you are a “suitable candidate” to begin an exercise program, or complete a graded fitness assessment.

#### **Known Cardiovascular, Pulmonary, or Metabolic Disease**

Have you been diagnosed with any of the following diseases/disorders/conditions or had any of the following procedures.

Myocardial Infarction (heart attack) yes no \_\_\_\_\_  
Stroke or ischemic attack (mini-stroke) yes no \_\_\_\_\_  
Heart Bypass surgery or other heart surgery yes no \_\_\_\_\_  
Abnormal ECG (tachycardias, heart blocks, etc.) yes no \_\_\_\_\_  
Other cardiovascular disease / disorder (aneurysm, etc.) yes no \_\_\_\_\_  
Chronic obstructive pulmonary disease (CPOD, etc.) yes no \_\_\_\_\_  
Diabetes (insulin dependent, non insulin dependent, etc.) yes no \_\_\_\_\_  
Hyperlipidemia (high LDL, low HDL, etc.) yes no \_\_\_\_\_

#### **Comments**

#### **Signs or Symptoms of Cardiovascular and Pulmonary disease**

Pain / discomfort in your chest, jaw or arms yes no \_\_\_\_\_  
Shortness of breath at rest or mild exertion yes no \_\_\_\_\_  
Dizziness or fainting spells yes no \_\_\_\_\_  
Difficulty breathing while lying down yes no \_\_\_\_\_  
Swelling of your ankles yes no \_\_\_\_\_  
“Skipped” heart beats or a “racing” heart beat yes no \_\_\_\_\_  
Occasional leg pain, especially while walking yes no \_\_\_\_\_  
Heart murmur yes no \_\_\_\_\_  
Fatigue or shortness of breath with usual activities yes no \_\_\_\_\_

## Comments

### Risk Factors of Cardiovascular Disease

Cigarette Smoking yes no packs/day\_\_\_\_ years smoked\_\_\_\_\_

Obesity or highly overweight yes no \_\_\_\_\_

Physical inactivity yes no \_\_\_\_\_

High Blood pressure (over 140/90 mg/dl) yes no \_\_\_\_\_

High Cholesterol (over 200 mg/dl) yes no \_\_\_\_\_

Diabetes or high blood sugar (over 110 mg/dl) yes no \_\_\_\_\_

Family history of heart attack/stroke, at a young age yes no \_\_\_\_\_

## Comments

What is your current level of physical activity and exercise?  
(Frequency, duration, types of activities,etc.)

### PAR-Q (Physical Activity Readiness Questionnaire)

Has your doctor ever said you have a heart condition and should only do physical activity recommended by a doctor? **Yes No**

Do you feel pain in your chest when you do physical activity? **Yes No**

In the past month, have you had chest pain when you are not physically active? **Yes No** Do you lose your balance because of dizziness or have you ever lost consciousness? **Yes No**

Do you have bone/joint problem that could be made worse by a change in your physical activity? **Yes No**

Is your doctor currently prescribing drugs for your blood pressure or heart condition? **Yes No**

Do you know of any other reason why you should not do physical activity? **Yes No**

## Comments

DRUGS/MEDICATIONS Please list any prescription or over the counter (OTC) drugs/medications you are currently taking

Drugs/Medications Continued

Drug/Medication

Purpose/Reason for taking

Doctor Information

Name/Group \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

IN CASE OF EMERGENCY (MUST BE COMPLETED)

Name \_\_\_\_\_

Phone \_\_\_\_\_

Note to Applicant this health history information will be used to determine your “risk category” for participation in a graded evaluation. This information will be kept confidential to the extent it will only be released to your primary doctor. Depending on your risk category you may be asked to provide additional information for medical clearance upon completion of this form.

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**DALDA Questionnaire- monitors state of well being**

**(a = worse than normal, b = normal, c = better than normal)**

**Part A**

1. a b c Diet
2. a b c Home life
3. a b c School/college /work
4. a b c Friends
5. a b c Sports Training
6. a b c Climate
7. a b c Sleep
8. a b c Recreation
9. a b c Health

**Part B**

1. a b c Muscle pains
2. a b c Tiredness
3. a b c Need for rest
4. a b c Boredom
5. a b c Recovery time
6. a b c Irritability
7. a b c Weight
8. a b c Throat
9. a b c Unexplained aches
10. a b c Enough
11. a b c General weakness
12. a b c Interest
13. a b c Arguments
14. a b c Temper
15. a b c Likeability
16. a b c Training effort
17. a b c Swelling
18. a b c Runny nose
19. a b c Congestion

**NUMBER OF “a” SCORES\_\_\_\_\_.**

**Increase in “a” scores suggests overreaching or overtraining.**