

Acsm Medical History Questionnaire

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UPANDRUNNING INTEGRATED SPORTS MEDICAL CENTER This form includes several questions regarding your physical health – please answer every question as accurately as possible. Please ask us if you have any questions. Your responses will be treated in a confidential manner. PERSONAL INFORMATION

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Appendix D - ACSM Risk Stratification Screening Questionnaire Assess your health by marking all true statements. You have had: ___ a heart attack ___ congenital heart disease ___ heart

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failure ... Family History Myocardial infarction, coronary revascularization, or sudden

Appendix D - ACSM Risk Stratification Screening Questionnaire

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specific history,

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physical activity is very safe for MOST people. This questionnaire will tell you whether it is necessary for you to seek further advice from your doctor OR a qualified exercise professional before becoming more physically active. GENERAL HEALTH QUESTIONS Please read the 7 questions below carefully and answer each one honestly: check YES or NO.

ACSM | The American College of Sports Medicine

www.ExerciseIsMedicine.org E-mail: eim@acsm.org • Phone: 317-637-9200 I have read this Informed Consent form, fully understand its terms, understand that

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preparticipation screening algorithm, which can be found in ACSM's Guidelines for Exercise Testing and Prescription, 10th

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edition, 2017. Form reprinted with permission from Magal M, Riebe D. New Preparticipation Health Screening Recommendations: What Exercise Professionals Need to Know ACSM's Health & Fitness Journal® 2016; 20(3)

Exercise Preparticipation Health Screening Questionnaire

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AHA/ACSM Health/Fitness Facility Preparticipation Screening

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Questionnaire Assess your health needs by marking all true statements. History You have had: If you marked any of the statements in this section, consult your physician or other appropriate healthcare ___ A heart attack . provider before engaging in exercise. You may need ___ Heart surgery

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The ACSM has the "AHA/ACSM Health/Fitness Facility Preparticipation Screening Questionnaire" 5. It is also a one

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pager and assesses medical history, symptoms, and cardiovascular risk factors. Vivian Heyward recommends the “Medical History Questionnaire” 4 .

Exercise Science and Fitness Training: Pre-participation

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Family History Have any of your first-degree relatives (parent, sibling, or child) experienced the following conditions? (Check if yes.) In addition, please identify at what age the condition

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occurred. ___ Heart arrhythmia ___ Heart attack ___ Heart operation ___ Congenital heart disease ___ Premature death before age 50

Present/Past History - NSCA

AHA/ACSM Health/Fitness Facility Pre-participation Screening Questionnaire Assess your health status by marking all true statements . History . You have had: a heart attack . heart surgery. cardiac catheterization coronary . angioplasty (PTCA) Pacemaker/implantable cardiac defibrillator. rhythm disturbance. heart valve disease. heart failure ...

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