BUMED PHYSICAL FITNESS PROGRAM
MEDICAL SELF ASSESSMENT

(For Personal Use Only)

1. Have you ever had a definite or suspected heart attack or stroke?	☐ Yes	☐ No
2. Have you ever had coronary bypass surgery or any other type of heart surgery?	☐ Yes	☐ No
3. Do you have any other cardiovascular or pulmonary (lung) disease (other than asthma, allergies, or mitral valve prolapse)?	☐ Yes	☐ No
4. Do you have any current history of diabetes, thyroid, kidney, or liver disease?	☐ Yes	☐ No
5. Have you ever been told by a health professional that you had an abnormal resting or exercise (treadmill) electrocardiogram (EKG)?	☐ Yes	☐ No
6. Do you currently have pain or discomfort in the chest or surrounding areas that occurs when you engage in physical activity?	☐ Yes	☐ No
7. Do you currently have shortness of breath?	☐ Yes	☐ No
8. Do you currently have unexplained dizziness or fainting?	☐ Yes	☐ No
9. Do you currently have difficult breathing at night except in an upright position?	☐ Yes	☐ No
10. Do you currently have swelling of the ankles (recurrent and unrelated to injury)?	☐ Yes	☐ No
11. Do you currently have heart palpitations (persistent irregularity or racing of the heart)?	☐ Yes	☐ No
12. Do you currently have pain in the legs that causes you to stop walking (claudication)?	☐ Yes	☐ No
13. Do you have a known heart murmur?	☐ Yes	☐ No
14. Within the past 12 months has a health professional told you that your blood cholesterol or lipid profile was abnormal?	☐ Yes	☐ No
15. Is your blood pressure numbers systolic (top) > 160 or diastolic (bottom) > 90?	☐ Yes	☐ No
16. Do you have fasting blood glucose greater or equal to 140 mg/dl?	☐ Yes	☐ No
17. Are you pregnant or is it likely that you could be pregnant at the present time?	☐ Yes	☐ No
18. Are you currently under any treatment for any blood clots?	☐ Yes	☐ No
19. Do you have problem with bones, joints, or muscles that may be aggravated with exercise?	☐ Yes	☐ No
20. Do you have any back/neck problems?	☐ Yes	☐ No
21. Have you had surgery or been diagnosed with any disease in the past 12 months?	☐ Yes	☐ No
22. Have you been told by a health professional that you should not exercise?	☐ Yes	☐ No
23. Are there any conditions (mitral valve prolapse, epilepsy, history of rheumatic fever, asthma, cancer, anemia, hepatitis. etc.) that may hinder your ability to exercise?	☐ Yes	☐ No
24. During the past 6 months, have you experienced any unexplained weight loss or gain (greater than ten pounds)?	☐ Yes	☐ No

If you answered "YES" to any of the above questions,
you may want to obtain medical clearance from your doctor
before you participate in physical fitness activities.