Fitness Readiness Form 1 of 4

Montana All Mountain Adventures 219 S 1st Hamilton Montana 59840

Physical Activity Challenge Fitness Readiness Questionnaire

This survey will help you determine if you are ready to participate in a vigorous physical activity program and if you might benefit from medical evaluation before starting such a program. For most people physical activity should not pose any problem or hazard. This questionnaire will help identify those small number of people for whom vigorous physical activity might be inappropriate or for those people who should have medical advice about the kinds of activities or intensity levels most suitable for them. Common sense is the best guide in answering these questions. Please read them carefully and check either yes or no for each one.

| Yes | _ No | 1. Has your doctor ever said you have heart trouble? | |
|-----|--|---|--|
| | | 2. Have you ever had chest pain or heavy pressure in your chest as result | |
| | of exercise, walking, or other physical activity such as climbing a flight | | |
| | of stairs? | | |
| | (Thi | s does not include the normal out-of-breath feeling that results from vigorous exercise.) | |
| Yes | _ No | 3. Do you often feel faint or experience severe dizziness? | |
| Yes | _ No | 4. Has your doctor ever told you that you have high blood pressure, diabetes | |
| | or h | nepatitis ? | |
| Yes | _ No | 5. Have you ever had a real or suspected heart attack or stroke? | |
| Yes | | 6. Do you have any physical condition, impairment or disability, including | |
| | any | joint or muscle problems that should be considered before you begin | |
| | an e | exercise program? | |
| Yes | _ No | 7. Have you ever taken any medication to reduce your blood pressure or your | |
| | cho | lesterol levels? | |
| Yes | _ No | 8. Are you excessively overweight? | |
| Yes | _ No | 9. Is there any good reason not mentioned here why you should not follow an | |
| | acti | vity program even if you wanted to? | |
| Yes | _ No | 10. Are you over age 35 and not accustomed to exercise? | |
| Yes | _ No | 11. Are you pregnant? | |
| Yes | _ No | 12. Are you acclimated to sea level? | |
| | | | |

If you answered Yes to one or more of these questions, and if you have not recently done so, consult with your doctor by phone or in person BEFORE starting an exercise program. Ask your doctor if you may participate in:

- 1.) Unrestricted physical activity on a gradually increasing basis or
- 2.) Restricted activity to meet your specific needs.

If you answered NO to ALL questions, you have reasonable assurance that you may begin a graduated exercise program or have an exercise test.

| Printed | Name: |
|---------|-------|
| Date: | |