

Dear Commit to be Fit Participant:

In an effort to increase the safety of our health/fitness programs and services as well as to comply with standards and/or guidelines established by major professional exercise/fitness organizations, we have all participants complete our Pre-Activity Health Screening (PASQ) process prior to participation. **Step 1** in this process is to complete the PASQ, our health history questionnaire that will take you about 4-5 minutes. The major purpose of obtaining this information is to help us identify individuals who may be at risk for an adverse event during exercise and who have any medical conditions that may require medical clearance prior to participation in health/fitness activities.

Once you have completed the PASQ, you will know whether medical clearance (**Step 2**) is recommended prior to your participation in our program. If you are unclear, one of our qualified CTBF team members will review your PASQ and let you know. Obtaining clearance from your physician may be a slight inconvenience and may delay your participation, but it is an important step that can help ensure your safety while participating in our programs.

#### Medical Clearance

If necessary, you can access our Medical Clearance Form on our webpage, or request a copy from any CTBF team member. Please take this form, along with a copy of your completed PASQ, to your physician and ask him/her to complete and sign it. If you have recently seen your physician, he/she may complete and sign the form without seeing you for a medical evaluation. However, if it has been a while (or for other reasons), your physician may want you to make an appointment for a medical evaluation. Regular medical evaluations are important for a variety of reasons such as having certain medical screenings/tests (e.g., cholesterol, blood pressure, cancer) that may detect an underlying health problem or disease. Early detection can save your life.

#### Privacy-Confidentiality-Security

All information obtained in our Pre-Activity Health Screening process will be kept private, confidential, and secure. At no time will any of this information be shared with any unauthorized individuals and it will be stored in a secure location.

Thank you for your participation in our Pre-Activity Health Screening process. We appreciate your understanding of this important process prior to participation in our health/fitness activities, which is to help improve your safety.

Sincerely,

The CTBF Team

## **Commit to be Fit: Pre-Activity Screening Questionnaire (PASQ)**

**Name:**

### **Instructions:**

Please complete this form and then refer to the Summary/Recommendations.  
If anything on this form is not clear, please do not hesitate to bring it to us for assistance.

### **Current Physical Activity**

Over the last three months, have you regularly performed physical activity for at least 30 minutes, three days/week at a moderate intensity level?

**Note:** Moderate intensity activity causes noticeable increases in heart rate and breathing such as walking at a brisk pace.

- Yes Please proceed to page 2.**  
 **No Please complete the items below.**

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### **Section 1 – Medical Conditions**

Please check the box (✓) for any of the following medical conditions that you have had or currently have.

- Heart attack
- Heart surgery
- Cardiac catheterization
- Coronary angioplasty (PTCA)
- Heart valve disease
- Heart failure
- Heart transplantation
- Congenital heart disease
- Abnormal heart rhythm
- Pacemaker/implantable cardiac defibrillator
- Peripheral vascular disease (PVD or PAD): disease affecting blood vessels in arms, hands, legs, and feet
- Cerebrovascular disease -- stroke or TIA (transient ischemic attack)
- Renal (kidney) disease
- Type 1 or Type 2 Diabetes

### **Section 2- Signs or Symptoms**

Please check the box (✓) for any of the signs/symptoms that you have recently experienced.

- Pain, discomfort in the chest, neck, jaw or arms at rest or upon exertion
- Shortness of breath at rest or with mild exertion
- Dizziness or loss of consciousness during or shortly after exercise
- Shortness of breath occurring at rest or 2-5 hours after the onset of sleep
- Edema (swelling) in both ankles that is most evident at night or swelling in a limb
- An unpleasant awareness of forceful or rapid beating of the heart
- Pain in the legs or elsewhere while walking; often more severe when walking upstairs/uphill
- Known heart murmur
- Unusual fatigue or shortness of breath with usual activities

### **Summary/Recommendations:**

Did you check any of the items in Section 1 or in Section 2?

**Yes**



- Medical clearance<sup>+</sup> is recommended
- After obtaining medical clearance, begin with light\* to moderate\*\* intensity exercise and/or follow recommendations from healthcare provider

**No**



- Medical clearance<sup>+</sup> is not necessary
- Begin with light\* to moderate\*\* intensity exercise

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<sup>+</sup> **Medical Clearance** -- approval from a healthcare professional to engage in physical activity

<sup>\*</sup> **Light Intensity** – an activity that causes slight increases in heart rate and breathing

<sup>\*\*</sup> **Moderate Intensity** -- an activity that causes noticeable increases in heart rate and breathing

## Page 2: Physically Active Participants

### Section 1 – Medical Conditions

Please check the box (✓) for any of the following medical conditions that you have had or currently have.

- Heart attack
- Heart surgery
- Coronary angioplasty (PTCA)
- Heart valve disease
- Heart failure
- Heart transplantation
- Congenital heart disease
- Abnormal heart rhythm
- Pacemaker/implantable cardiac defibrillator
- Peripheral vascular disease (PVD or PAD): disease affecting blood vessels in arms, hands, legs, and feet
- Cerebrovascular disease -- stroke or TIA (transient ischemic attack)
- Renal (liver) disease
- Type 1 or Type 2 diabetes

### Section 2- Signs or Symptoms

Please check the box (✓) for any of the signs/symptoms that you have recently experienced.

- Pain, discomfort in the chest, neck, jaw or arms at rest or upon exertion
- Shortness of breath at rest or with mild exertion
- Dizziness or loss of consciousness during or shortly after exercise
- Shortness of breath occurring at rest or 2-5 hours after the onset of sleep
- Edema (swelling) in both ankles that is most evident at night or swelling in a limb
- An unpleasant awareness of forceful or rapid beating of the heart
- Pain in the legs or elsewhere while walking; often more severe when walking upstairs/uphill
- Known heart murmur
- Unusual fatigue or shortness of breath with usual activities

### Summary/Recommendations:

#### 1. Did you check any of the items in Section 1 or in Section 2?

**No** 

- Medical clearance<sup>+</sup> is not necessary
- Continue with moderate\* or vigorous\*\* intensity exercise

#### 2. Did you check any of the items in Section 1?

**Yes** 

- Medical clearance<sup>+</sup> is not necessary for continuing moderate\* intensity exercise
- Medical clearance<sup>+</sup> is recommended before engaging in vigorous\*\* intensity exercise

#### 3. Did you check any of the items in Section 2?

**Yes** 

- Discontinue physical activity and seek medical clearance<sup>+</sup>
- After obtaining medical clearance, may return to physical activity following recommendations from healthcare provider

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<sup>+</sup> **Medical Clearance** -- approval from a healthcare professional to engage in physical activity

<sup>\*</sup> **Moderate Intensity** -- an activity that causes noticeable increases in heart rate and breathing

<sup>\*\*</sup> **Vigorous Intensity** -- an activity that causes substantial increases in heart rate and breathing