



Cleveland State University

To the Physician:

I realize you are busy and will not burden you with a long explanation regarding the need for the enclosed information, except to say that medical authorities suggest that exercise program directors should have the enclosed information prior to graded exercise testing (GET) and before providing an exercise program. I have asked the Fitness for Life Program member, who is your patient, to complete the medical and physical activity questionnaire. After examining your patient, you should complete Part III of the questionnaire.

The Fitness for Life Program member will be administered a submaximal graded exercise test at Cleveland State University for the purpose of estimating cardiorespiratory endurance. This is only a screening test, not intended for diagnostic purposes. The American College of Sports Medicine recommends limiting aerobic exercise intensity to moderate levels for older individuals when based upon submaximal test results. An older individual is defined as a male over 40 years of age and a female over 50. If **you have administered a maximal graded exercise test to your patient or you feel based on the information you have, that this individual is able to exercise at vigorous levels, please indicate that on Part III.** Otherwise, all older individuals will initiate exercise in the FFLP at moderate levels only.

If you would like any of the test results, I would be pleased to send you a copy. Thank you for your cooperation.

Sincerely,

Emily Kullman

Emily Kullman, Ph.D.
Director, Fitness for Life Program

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**Fitness For Life Program
Medical Questionnaire**

PART 1: Please complete pages 1 to 3 before seeing your personal physician. (Please print)

Applicant's Name: _____ Age: _____

Gender: Female Male Other Prefer not to say

Home Address: _____

Business Address: _____

Home Phone: _____

Business Phone: _____

Person to contact in case of emergency

Name _____ Address _____ Phone: _____

MARK "X" IF YES

Past and Present History

(Have you ever had?)

- Allergies. ()
- Rheumatic Fever ()
- Heart murmur ()
- High blood pressure. ()
- High blood cholesterol. ()
- Chest pain with exertion ()
- Any other heart trouble. ()
- Disease of arteries ()
- Varicose veins ()
- Lung disease. ()
- Shortness of breath. ()
- Hernia ()
- Injuries to back or back pain. ()
- Swollen/stiff or painful joints ()
- Leg or ankle fracture ()
- Epilepsy. ()
- Operations. ()
- Diabetes ()
- Recent or present pregnancy ()
- Other _____ ()

Family History

(Have any of your relatives had?)

- Heart attack: Indicates age(s). ()
- High blood pressure ()
- High blood cholesterol ()
- Diabetes ()
- Congenital heart diseases. ()
- Heart Operation. ()
- Other _____ ()

Explain positive answers _____

Explain any positive answers _____

Are you presently taking any medicine? No _____ Yes _____

If yes, please specify purpose _____

Are you allergic to any medicine ? No _____ Yes _____

If yes, please specify _____

RISK FACTORS

1. Smoking

Yes No

Have you ever smoked () () How many per day? _____ How many years? _____
Cigarettes () () How many per day? _____ How many years? _____
Cigar () () How many per day? _____ How many years? _____
Pipe () () How many per day? _____ How many years? _____

How old were you when you started? _____ In case you have stopped, when did you? _____

Why? _____

2. Diet

What is your weight now? _____ 1 year ago? _____ Age 21? _____ Height _____
What do you consider your ideal weight? _____

Check the following foods and state how often per day or week you eat or drink them.

	Day	Week
A. Eggs	_____	_____
B. Cheese	_____	_____
C. Ice Cream	_____	_____
D. Butter	_____	_____
E. Whole milk	_____	_____
F. Lowfat milk	_____	_____
G. Skim milk	_____	_____
H. Fried foods	_____	_____
I. Fat on meat	_____	_____

Are you dieting presently? Yes _____ No _____ Why? _____

If yes, briefly explain your diet _____

Explain how _____

If you know your cholesterol level, what is it? _____ mg%

3. Stress and tension

Yes No Somewhat

A. Do you consider yourself to be an anxious person () () ()
B. Are you under considerable stress at work? () () ()
C. Are you under stress in your personal life? () () ()
D. Are you easily upset? () () ()
E. Can you relax easily? () () ()

If you know your blood pressure, what is it? _____ mm hg

PART II: PHYSICAL ACTIVITY QUESTIONNAIRE

Please answer the following questions:

1. What type of work do you do? _____

2. Briefly explain any physically demanding activities of your work. _____

3. How do you rate the amount of physical activity you perform while at work?

- | | |
|-------------------|-------------------|
| _____ very little | _____ active |
| _____ little | _____ very active |
| _____ moderate | |

4. List any physically demanding activities you perform during your leisure time and the frequency and time of participation.

<u>Activities</u>	<u>Frequency/Month</u>	<u>Time/Session</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

5. How would you rate the amount of physical activity you perform during your leisure time?

- | | |
|-------------------|-------------------|
| _____ very little | _____ active |
| _____ little | _____ very active |
| _____ moderate | |

6. Can you swim? No _____ Somewhat _____ Fairly well _____ Excellent _____

Do you swim for recreation or fitness? Recreation _____ Fitness _____ Both _____
How frequently per month do you now swim? _____ times
How far do you usually swim each time? _____ yards

7. Do you run or jog? No _____ Yes _____
How frequently per month? _____ times
How far do you usually run/jog? _____ miles
How fast do you average per mile _____ minutes

8. How do you rate your cardiovascular fitness (endurance) compared to others your age and sex?
_____ very poor _____ poor _____ average _____ good _____ excellent

Applicant's Signature _____ **Date** _____

PART III: PHYSICIAN'S CONCLUSIONS AND RECOMMENDATIONS: To be completed by personal physician following medical examination.

1. Statement concerning any history or physical examination findings (especially "yes" answers).

2. Recommendation (circle one)
 - A. My examination indicated that submaximal graded exercise test would be of benefit in evaluating this patient's physical fitness and the patient's present health status does not contra-indicate such a test.
 - B. Based on the above history and physical examination, it is not recommended to allow this patient to be administered a submaximal graded exercise test.

3. Recommendations (circle one).

Based on my evaluation of this patient, it is recommended that:

 - A. This individual is capable of participating in vigorous aerobic exercise (70-85% of estimated maximum heart rate) and can be provided with an exercise prescription starting at this level, if the submaximal GET demonstrates a good or excellent level of cardiovascular fitness.
 - B. This individual should start exercise at moderate levels of aerobic exercise (55-65% of estimated maximum heart rate) and progress gradually to vigorous levels, if no negative indications result.
 - C. This individual should not participate in the Fitness for Life Program at this time.

Signed _____
(Examining Physician)

Print name and address or stamp: