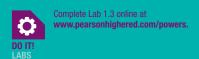
## LABORATORY 1.3

Please explain any reasons you feel it would be unsafe for you to exercise.



Name	Date
Instructor	
Medical History Check	
Most people can safely begin an exercise program and significantly increase tions require clearance from a physician or alternative prescriptions for exerci assess your health before making significant physical activity changes. Respondical history.	ise and physical activity. Therefore, it is important to
Do you currently have or have you ever had any of the following? Check	any of the following that apply.
Heart murmur	
Elevated cholesterol	
High blood pressure	
Irregular heart beat	
Coronary heart disease	
Chest pain	
Blood clots	
Abnormal rest or exercise electrocardiogram (ECG)	
Stroke	
Diabetes	
Heart attack	
Shortness of breath	
Family history of heart disease (blood relative)	
Arthritis	
Chronic back pain	
Obesity	
Asthma	
Any other heart, metabolic, or respiratory conditions	
Any other joint problems	
Check any of the following that apply to you:	
45 years or older	
Smoker or quit smoking within last 6 months	
Currently taking prescription medication	
Please list:	
Please explain any items you checked.	