

# LABORATORY 1.3



Complete Lab 1.3 online at  
[www.pearsonhighered.com/powers](http://www.pearsonhighered.com/powers).

Name \_\_\_\_\_ Date \_\_\_\_\_  
Instructor \_\_\_\_\_ Section \_\_\_\_\_

## Medical History Check

Most people can safely begin an exercise program and significantly increase their physical activity. However, certain medical conditions require clearance from a physician or alternative prescriptions for exercise and physical activity. Therefore, it is important to assess your health before making significant physical activity changes. Respond honestly to the following questions to assess your medical history.

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.

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

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To submit the completed lab, save the form to your computer and email it to your instructor or upload it to their digital dropbox as directed.