The George Washington University
Milken Institute School of Public Health
Department of Exercise and Nutrition Sciences
Exercise Physiology & Metabolism Laboratory

Maximal/Submaximal Exercise Test

HEALTH SCREENING QUESTIONNAIRE

You have been scheduled for an exercise test in our laboratory. The purpose of this questionnaire is to help screen for any possible contraindications to exercise testing. Please complete this questionnaire in full and return it to us prior to the scheduled test. All information will be kept confidential. Thank you.

Name: _____ Date:_____

Gender: _____ Male _____ Female Date of Birth: _____

Phone and/or email: _____

1. Have you ever been told by a physician that you have:

a.	Heart disease or a heart problem?	No	Yes
b.	High blood pressure?	No	Yes
c.	Lung disease or trouble breathing (including asthma)?	No	Yes
d.	Diabetes mellitus (either Type 1 or Type 2)?	No	Yes
e.	Thyroid disease?	No	Yes
f.	Metabolic disease of any kind?	No	Yes

If you answered "Yes" to any question above, please describe in detail your health problem(s):

2. Do you now or have you ever experienced:

a.	Chest pain at rest?	No	Yes
b.	Chest pain when you do physical activity?	No	Yes
c.	Dizziness, fainting, or loss of consciousness?	No	Yes

If you answered "Yes" to any question above, please describe your symptoms in detail:

3. Do you have any muscular, bone, or neurological conditions, or do you know of any other reasons why you should not engage in exercise testing or physical activity? No Yes

If you answered "Yes" to any question above, please describe your symptoms in detail:

4. Do you exercise on a regular basis? No Yes

If yes, please describe your regular exercise program:

Times per week: _____

Average duration of each exercise session: _____ minutes

List types of exercises: _____

Do you know what your peak heart rate is during exercise?

Yes; _____ beats per minute

No

5. Are you taking any medications prescribed by a physician? No Yes

If yes, please list the medications including dosage and frequency:

Please list an emergency contact and phone number:

Name: _____

Relationship: _____

Phone: _____