Common sense is your best guide when you answer these questions. Please read the questions carefully, and answer each one honestly: Circle YES or NO

1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? YES  NO

2. Do you feel pain in your chest when you do physical activity? YES  NO

3. In the past month, have you had chest pain when you were not doing physical activity? YES  NO

4. Do you lose your balance because of dizziness or do you ever lose consciousness? YES  NO

5. Do you have a bone or joint problem that could be made worse by a change in your physical activity? YES  NO

6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? YES  NO

7. Do you know of any other reason why you should not do physical activity? YES  NO

If you answered YES to any of the above questions, you must obtain medical clearance from a physician before you may take the Caretaking Physical Fitness Test. Contact occupational.testing@umanitoba.ca for the Physician’s Release Form.

Date
Name (print)
Signature

Emergency Contact:
Last name
First name
Relationship
Phone

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