International Sports Sciences Association



Screening Questionnaire

PLEASE FILL OUT ALL INFORMATION BELOW			
Name:	Date of Birth:	Age:	
Address:			
City, State, Zip:			
Home Phone:	Work Phone:		
Employer:	Occupation:		
PLEASE CHECK THE BOX FOR THE APPROPRIATE ANSWER			
Has your doctor ever said you have heart trouble?		🗆 Yes	🗆 No
Have you ever had angina pectoris, sharp pain, or heavy pressure in your chest as a result of exercise, walking, or other physical activity such as climbing stairs? (<i>Note: This does not include the normal out of breath feeling that results from normal activity</i>)		□ Yes	🗆 No
Do you experience any sharp pain or extreme tightness in your chest when you are hit with a cold blast of air?		🗆 Yes	🗆 No
Have you ever experienced rapid heart action or palpitations?		🗆 Yes	🗆 No
Have you ever had a real or suspected heart attack, coronary occlusion, myocardial infarction, coronary insufficiency, or thrombosis?		🗆 Yes	🗆 No
Have you ever had rheumatic fever?		🗆 Yes	🗆 No
Do you have diabetes, hypertension, or high blood pressure?		🗆 Yes	🗖 No
Does anyone in your family have diabetes, hypertension, or high blood pressure?		🗆 Yes	🗆 No
Has more than one blood relative (parent, sibling, first cousin) had a heart attack or coronary artery disease before the age of 60?		□ Yes	🗆 No
Have you ever taken medications or been on a special diet to lower your cholesterol?		🗆 Yes	🗆 No
Have you ever taken digitalis, quinine, or any other drug for your heart?		🗆 Yes	🗆 No
Have you ever taken nitroglycerine or any other tablets for chest pain—tablets you take by placing under the tongue?		□ Yes	🗆 No
Are you overweight?		🗆 Yes	🗆 No
Are you under a lot of stress?		🗆 Yes	🗆 No
Do you drink excessively?		🗆 Yes	🗆 No
Do you smoke cigarettes?		🗆 Yes	🗆 No
Do you have a physical condition, impairment or disability, including a joint or muscle problem, that should be considered before you undertake an exercise program?		🗆 Yes	🗆 No
Are you more than 65 years old?		🗆 Yes	🗖 No
Are you more than 35 years old?		□ Yes	🗆 No
Do you exercise fewer than three times per week?		🗆 Yes	🗆 No

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