



PENN OHIO

Explosive Athletes

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 problems that could be made worse by change in your physical activity?

YES___ NO___

6. Is your doctor currently prescribing drugs 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___

NAME_____

SIGNATURE_____ DATE_____

SIGNATURE OF PARENT_____ DATE_____