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ACSM HEALTH STATUS & HEALTH HISTORY QUESTIONNAIRE

UPANDRUNNING INTEGRATED SPORTS

MEDICAL CENTER This form includes several questions regarding your

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physical health - please answer every question as accurately as possible. Please ask us if you have any questions. Your responses will be treated in a confidential manner. PERSONAL INFORMATION

**ACSM HEALTH STATUS & HEALTH HISTORY Q UPANDRUNNING ...**

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Author: trejo.eco-

power.me-2020-08-31T00:00:00+00:01

Subject: Acsm Medical History

Questionnaire Keywords: acsm, medical, history, questionnaire Created Date:

8/31/2020 2:09:57 PM

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read this Informed Consent form, fully understand its terms, understand that

### **INFORMED CONSENT - ACSM**

ity/exercise, medical examination, exercise testing, and physician supervision. Many health/fitness and clinical exercise program facilities use a more elaborate health/medical history

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questionnaire designed to provide additional details regarding selected health/fitness habits and medical history, such as the AHA/ACSM Questionnaire (1) (Fig. 2.2).

### **Preparticipation Health Screening and Risk Stratification**

preparticipation screening algorithm,

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which can be found in ACSM's Guidelines for Exercise Testing and Prescription, 10th edition, 2017. Form reprinted with permission from Magal M, Riebe D. New Preparticipation Health Screening Recommendations: What Exercise Professionals Need to Know ACSM's Health & Fitness Journal® 2016; 20(3): 22-27 ...

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## **Exercise Preparticipation Health Screening Questionnaire ...**

A health history questionnaire consists of a set of survey questions that help either medical research, doctors or medical professional, hospitals or small clinics to understand the population they provide medical services to. In this blog,

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you will read the 15 must-have questions in your health history questionnaire.

## **Health History Questionnaire: 15 Must-Have Questions ...**

App VII-B HHQ WF Health Questionnaire  
Page 1 of 2 Revised 4-11 . Health History  
Questionnaire for Wellness/Fitness

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Program . All of your responses are completely confidential. Group summaries or activity reports have individual identifiers removed. ... Health History Questionnaire for Wellness/Fitness Program Author:

### **Health History Questionnaire for Wellness/Fitness Program**



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Patient/client safety is your first area of concern. When you accept a new client or receive a referral from a health care provider, use the Exercise Preparticipation Health Screening Questionnaire for Exercise Professionals form, guided by the updated screening algorithm found in the 10th edition of ACSM's Guidelines for Exercise Testing

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and Prescription. Check out this handy infographic of

### **Exercise is Medicine**

Health History Questionnaire follows the American College of Sports Medicine recommendations for risk stratification. This must be performed on all clients in order to determine the need for medical

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clearance and/or exercise modifications.  
Any trainer or those making

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### MEDICAL HISTORY QUESTIONNAIRE

TODAY'S DATE: \_\_\_\_\_ \*\*\*Since this is  
your medical history and it will be used  
in evaluating your health, it is extremely  
important that the questions be

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answered as accurately and completely as possible. All information is kept confidential.

### **MEDICAL HISTORY QUESTIONNAIRE TODAY'S DATE:**

All people wanting to initiate a physical activity program should be screened at minimum by a self-reported medical

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history or health risk appraisal questionnaire such as the PAR-Q or modified American Heart Association/ACSM Health/Fitness Facility Preparticipation Screening Questionnaire for the presence of risk factors for various cardiovascular, pulmonary, renal, and metabolic diseases as well as other conditions (e.g., pregnancy and

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orthopedic injury) that require special attention when ...

### **ACSM's New Preparticipation Health Screening ...**

Check out our ACE Store! Shop around for study materials, books, questionnaires & more! Shop by specific categories to get exactly what you need!

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## **ACE Fitness Store - Search By Specific Categories | ACE**

AHA/ACSM Health/Fitness Facility Pre-participation Screening Questionnaire  
Assess your health status by marking all true statements . History . You have had:  
a heart attack . heart surgery. cardiac catheterization coronary . angioplasty

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(PTCA) Pacemaker/implantable cardiac defibrillator. rhythm disturbance. heart valve disease. heart failure ...

### **AHA/ACSM Health/Fitness Facility Pre-participation ...**

Physical Activity Readiness Questionnaire (PAR-Q) and You Regular physical activity is fun and healthy, and



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increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

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