Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Level of test: \_\_\_\_\_ Light \_\_\_\_\_ Moderate \_\_\_\_\_ Arduous**

**Assess your health needs by marking all true statements.**

The purpose of the HSQ is to identify individuals who may be at risk while taking the Work Capacity Test (WCT) and recommend an exercise program and/or medical examination prior to taking the WCT.

Employees are required to answer the following questions which were designed to identify those individuals who may be at medical risk when taking the WCT. This is not a medical exam. Any medical concerns you have that may put you or your health at risk should be reviewed with your personal physician prior to participating in the WCT.

**SECTION A\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

You have/had: You experience:

\_\_\_\_ a heart attack \_\_\_\_ chest discomfort/pain with exertion

\_\_\_\_ heart surgery \_\_\_\_ breathlessness more than others with

\_\_\_\_ coronary (heart) angioplasty or exertion

stent placement \_\_\_\_ dizziness, fainting, blackouts

\_\_\_\_ a pacemaker/implantable cardiac \_\_\_\_ muscle or bone/joint problems: spine,

defibrillator/rhythm disturbance knees, back, hips, shoulders, etc.

(abnormal heartbeat) (swelling, moderate pain)

\_\_\_\_ heart valve disease or a heart murmur

\_\_\_\_ heart failure Other Health Issues:

\_\_\_\_ heart transplantation \_\_\_\_ you have a hernia

\_\_\_\_ congenital (born with) heart disease \_\_\_\_ you take heart or asthma medications

\_\_\_\_ personal experience or a doctor’s \_\_\_\_ you have epilepsy or a seizure disorder

advice of any other physical reason \_\_\_\_ you have a history of past heat that

that would prohibit you from carrying would exhaustion/stroke that required

out or participating in strenuous medical care

activity \_\_\_\_ I have a waiver for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION B\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Cardiovascular risks: \_\_\_\_ your blood cholesterol level is greater

\_\_\_\_ you are physically inactive (i.e. you get less than 200 mg/dL, or your HDL is less

than 30 minutes of physical activity less than than 40 mg/dL, or you take cholesterol

3 days per week) medication

\_\_\_\_ you smoke currently or in the past 6 months \_\_\_\_ you don’t know your cholesterol level

\_\_\_\_ your blood pressure is greater than 139/89, \_\_\_\_ you are diabetic: diet controlled or you

or you take blood pressure medication take medicine to control your blood

\_\_\_\_ you don’t know your blood pressure sugar

\_\_\_\_ you have a body mass index (BMI) ≥ 30\*

\*To determine go to: <http://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmicalc.htm>

**I understand that if I need to be evaluated by a physician, it will be based on the fitness requirements of the position(s) for which I am qualified.**

I have read and understand the above and answered truthfully.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unit:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HSQ Coordinator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_