

**Patient Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**\*TO BE COMPLETED BY PARTICIPANT\***

**Y N**

- 1. Has your doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor?
- 2. Do you have pain in your chest when you do physical activity?
- 3. In the past month, have you had chest pain when you were not doing physical activity?
- 4. Do you lose your balance because of dizziness or do you ever lose consciousness?
- 5. Do you have a bone or joint problem that could be made worse by physical activity?
- 6. Is your doctor currently prescribing drugs for your blood pressure or heart condition?
- 7. Do you know of any other reason why you should not do physical activity?
- 8. Do you currently smoke?
- 9. Do you drink alcohol?
- 10. Do you have frequent headaches?

**Prescription Medications**

**Purpose**

---



---



---

**Participant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**\*TO BE COMPLETED BY PHYSICIAN\***

**Absolute Contraindications**

Does your patient have:

**Y N**

- 1. Ruptured membranes, premature labor?
- 2. Persistent second or third trimester bleeding?
- 3. Pregnancy induced hypertension?
- 4. Incompetent cervix?
- 5. Evidence of intrauterine growth restriction?
- 6. High order pregnancy (e.g., triplets)?
- 7. Uncontrolled Type I diabetes, hypertension or thyroid disease?
- 8. Cardiovascular, respiratory, or systematic disorder?

**Relative Contraindications**

Does your patient have:

**Y N**

- 1. History of abortion or premature labor?
- 2. Anemia or iron deficiency?
- 3. Malnutrition or eating disorder?
- 4. Other specific medical condition?

Please specify: \_\_\_\_\_  
\_\_\_\_\_

Note: Risks may exceed benefits of regular physical activity. The decision to be physically active or not should be made with qualified medical advice.

I give permission for my patient to participate in the prenatal exercise program at the ETMC Olympic Center:

No restrictions     With restrictions: \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_