



WCT Level Arduous Moderate Light

WCT HEALTH SCREENING QUESTIONNAIRE (HSQ)

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 a WCT. The HSQ is not a medical examination. Any medical concerns you have that may place 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 experienced in the last 12 months:
a heart attack	chest discomfort/pain with exertion
heart surgery	breathlessness more than others with exertion
coronary (heart) angioplasty or stent placement	dizziness, fainting, blackouts
a pacemaker/implantable cardiac defibrillator/rhythm disturbance (abnormal heartbeat)	muscle or bone/joint problems: spine, knees, back, hips, shoulders, etc. (swelling, moderate pain)
heart valve disease or heart murmur	Other health issues:
heart failure	you have a hernia
heart transplantation	you take heart or asthma medications
congenital (born with) heart disease	you have epilepsy or a seizure disorder
personal experience or a doctor's advice of any other physical reason that would prohibit you from carrying out or participating in strenuous activity	you have a history of past heat exhaustion/stroke that required medical care
blood pressure greater than 139/89 or you take blood pressure medication	your blood cholesterol level is greater than 200 mg/dL or your HDL is less than 40 mg/dL or you take cholesterol medication
diabetes; diet controlled or you take medicine to control your blood sugar	I have a wavier for _____

SECTION B

Cardiovascular risks:	
you are physically inactive (i.e., you get less than 30 minutes of physical activity less than 3 days per week)	you don't know your cholesterol level
you have a body mass index (BMI) $\geq 30^*$	you don't know your blood pressure
	you smoke currently or in the past 6 months
*To determine your BMI go to: National Heart, Lung and Blood Institute: Calculate Your Body Mass Index	

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: _____ Printed Name: _____ Date: _____