

Pomperaug District Department of Health

800 Main Street South • Suite 124 • Southbury, Connecticut 06488
Telephone: 264-9616, Woodbury: 266-4785, Oxford: 888-6891
Fax: 262-1960 • www.pomperaughealthdistrict.org

**Movin' on Main Walking Program
Physical Fitness Readiness Questionnaire**

In preparation of the "Movin on Main" Walking Program, please answer the following questions:

- Yes No Are you over 50 years old, **and** not used to moderate physical activity? (i.e. brisk walking for 30 minutes)
- Yes No Has your doctor ever told you that you have heart trouble?
- Yes No Have you ever had a real or suspected heart attack or stroke?
- Yes No Have you ever had chest pain or heavy pressure in your chest as a result of exercise, walking, or other physical activity such as climbing stairs?
- Yes No Do you often feel faint, have dizzy spells or easily lose your balance?
- Yes No Has a doctor ever told you that you have **uncontrolled** high blood pressure or diabetes?
- Yes No Do you have any physical condition, impairment or disability, including any joint or muscle problems, that should be considered before you begin an exercise program?
- Yes No Are you on any prescribed medication that we need to be aware of? (i.e. epipen, inhalers, insulin) Please list: _____

If you answered "YES" to one or more questions, please have you doctor complete the attached medical release form (on the 2nd page) and submit it to the Pomperaug District Department of Health by May 11, 2011. Return information is also on the 2nd page

If you answered "NO" to all of these questions, it is safe to assume that you can participate in a walking program. However, if you are unsure, you should consult with your doctor.

I have read, fully understood, and completed this questionnaire. The answers I have given are accurate to the best of my knowledge.

Signature _____ Date _____

Printed Name _____

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***Please have your health care provider fill out this form if you answered
“Yes” to any of the questions on the
Physical Fitness Readiness Questionnaire***

“Movin’ on Main” Walking Program Medical Release Form

The Pomperaug District Department of Health is offering a physical activity program called “Movin’ on Main”. Participants in this program must have the ability to walk briskly for 30 minutes for at least 3 days per week. The program also includes warm-up and cool-down stretching exercises.

Please indicate whether or not _____ is able to participate
in this program. Patient’s Name

- YES, this patient is medically cleared to participate in the “Movin’ on Main” program
- NO, this patient should not participate in the “Movin’ on Main” program.

Physician’s Signature

Date

Physician’s Name – Printed

***Please return this form to the Pomperaug District Department of Health
by May 11, 2011:***

Pomperaug District Department of Health
Attn: Mona LaBissoniere
800 Main Street South, Suite 124
Southbury, CT 06488

FAX: 203-262-1960 Attn: Mona LaBissoniere
EMAIL: mlabiss@earthlink.net