

LEAD CAMP PHYSICAL HEALTH SCREENING QUESTIONNAIRE

To Student and Parent/Guardian: It is mandatory to complete this screening form prior to participating in the **LEAD Camp**.

- 1. Has there been any significant change to your health in the past 6 months? YES - NO
- 2. Are you currently on a medical profile exempting you from physical activities? YES - NO
- 3. Has a physician ever indicated you have heart disease, heart or breathing troubles? YES - NO
 - a. Do you suffer from pains in your chest, especially with physical activity? YES - NO
 - b. Do you feel faint or have dizzy spells during or after physical activity? YES -NO
 - c. Do you have shortness of breath related to asthma or any other condition that exercise could aggravate? YES - NO
- 4. Have you experienced a significant weight change in the past 6 months? YES - NO
 - a. If “Yes”, indicate the estimated amount gained or lost: ___ lbs.
- 5. Have you ever been diagnosed or displayed symptoms of heat stress? YES – NO
- 6. Do you take any dietary, herbal or nutritional supplements, which contain any of the following substances: Ephedra/Ephedrine, Guarana, Phenylephrine, and Pseudoephedrine? YES - NO

If “Yes,” please list: _____

- 7. Do you have any other medical issues that may cause a safety concern during physical exercise?

If “Yes,” please list: _____

- 8. If you answered “Yes” to any the above, please explain in detail:

****Camp attendees are required to wear lace up athletic shoes and shorts/sweats during physical activities***

*****This form is for internal camp use only. Disclosure is voluntary; failure to disclose will result in the inability to participate in PT activities.***