

GUAM POST COMMISSION FITNESS SCREENING QUESTIONNAIRE

You are being asked these questions for your safety and health. The Guam POST Commission Fitness Assessment (FA) is a maximum-effort test. Peace Officers who have not been exercising regularly and/or have other risk factors for a heart attack (increasing age, smoking, diabetes, high blood pressure, etc.) are at increased risk of injury or death during the test. Answering these questions honestly is in your best interest.

1. Have you experienced any of the symptoms/problems listed below and not been medically evaluated and cleared for unrestricted participation in a physical training program?

- Unexplained chest discomfort with or without exertion
- Unusual or unexplained shortness of breath
- Dizziness, fainting, or blackouts associated with exertion
- Other medical problems that have not been evaluated, optimally treated, or not already addressed that may prevent you from safely participating in this test (e.g. heart disease, sickle cell trait, asthma, etc.).
- Family history of sudden death before the age of 50 years

Yes: Stop. Notify your Fitness Program Manager and contact your Personal Care Provider for evaluation/recommendations. Hand carry this form to medical evaluation.

No: Proceed to next question.

2. Are you 35 years of age or older?

Yes: Proceed to next question.

No: Stop. Sign form and return to your Fitness Program Manager. Member may take the FA.

• Have you engaged in vigorous physical activity (i.e., activity causing sweating and moderate to marked increases in breathing and heart rate) averaging at least 30 minutes per session, 3 days per week, over the last 2 months?

Yes: Stop. Sign form and return to your Fitness Program Manager. Member may take the fitness assessment.

No: Proceed to the next question.

• Do one (1) or more of the following risk factors apply to you?

- Smoked tobacco products in the last 30 days
- Diabetes
- High blood pressure that is not controlled
- High cholesterol that is not controlled
- Family history of heart disease (developed in father/brother before age 55 or mother/sister before age 65)
- Age > 45 years for males; > 55 years for females

Yes: Stop and notify Fitness Program Manager.

No: Stop. Sign form and return to your Fitness Program Manager. Member will take the FA.

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If member experiences any of the symptoms listed in Question #1 during the fitness assessment, he/she should stop the test immediately and seek medical attention immediately.

Signature: _____ Date: _____

Printed Name: _____ Rank: _____

Duty Phone: _____

Medical Evaluation (Only applicable if member marked Yes on Question 1; provider answers all 4 statements)

If medical evaluation is required IAW this FSQ, the provider will complete the following.

I medically evaluated _____ on _____. Medical recommendations are:
(name) (date)

Member (is/is not) medically cleared for the maximal effort 1.5-mile run.

Member (is/is not) medically cleared for the maximal effort 2.0-kilometer walk.

Member (is/is not) medically cleared for push-ups.

Member (is/is not) medically cleared for sit-ups.

(Signature/Stamp of Provider)