

Health Screening Test

Instructions:

1. Answer Yes or No to each question in the table. If unsure or have questions, speak with a qualified healthcare provider.
2. After completing the test, review the results to identify any potential health risks or concerns.
3. Based on the results, consider scheduling a comprehensive medical examination or follow-up appointment with a qualified healthcare provider to assess any identified risks or concerns further and determine necessary medical interventions or lifestyle changes.

Section A: Client Information

Fill out the form with your personal information.

Client Information
Name:
Age:
Sex:
Occupation:
Family History of Medical Conditions:

Section B: Medical History

Answer Yes or No to the following questions about your medical history.

Medical History	Yes	No
Heart Attack	☐	☐
Heart Surgery	☐	☐
Coronary (Heart) Angioplasty or Stent Placement	☐	☐
Pacemaker/Implantable Cardiac Defibrillator/ Rhythm Disturbance (Abnormal Heartbeat)	☐	☐
Heart Valve Disease or a Heart Murmur	☐	☐
Heart Failure	☐	☐
Heart Transplantation	☐	☐
Congenital (Born With) Heart Disease	☐	☐
Physical Condition That Prohibits Strenuous Activity	☐	☐
High Blood Pressure	☐	☐
Diabetes	☐	☐
Other Chronic Conditions	☐	☐

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Section C: Cardiovascular Risks

Answer Yes or No to the following questions about your cardiovascular risks.

Cardiovascular Risks	Yes	No
Physical Inactivity	☐	☐
Chest Discomfort/Pain with Exertion	☐	☐
Breathlessness More than Others with Exertion	☐	☐
Dizziness/Fainting/Blackouts	☐	☐
Muscle/Bone/Joint Problems	☐	☐
Hernia	☐	☐
Heart or Asthma Medications	☐	☐
Epilepsy or Seizure Disorder	☐	☐
Past Heat Exhaustion/Stroke Requiring Medical Care	☐	☐
High Cholesterol	☐	☐
Current Smoker or Smoked in the Past 6 Months	☐	☐
BMI ≥ 30	☐	☐

Section D: Recent Health Problems/Situations

Answer Yes or No to the following questions about recent health problems or situations experienced in the last 6-12 months.

Recent Health Problems/Situations	Yes	No
Infections (e.g., flu, colds, pneumonia, urinary tract infection)	☐	☐
Allergies or Allergic Reactions (e.g. hives, anaphylaxis)	☐	☐
Skin Conditions (e.g., rashes, eczema, psoriasis)	☐	☐
Digestive Issues (e.g., diarrhea, constipation, acid reflux)	☐	☐
Vision or Hearing Changes	☐	☐
Dental or Oral Health Issues (e.g., tooth decay, gum disease)	☐	☐
Injury or Trauma (e.g., fractures, sprains, burns)	☐	☐
Surgery or Hospitalization	☐	☐
Changes in Weight	☐	☐
Mental Health Issues (e.g., depression, anxiety, PTSD)	☐	☐

Remember that a health screening test is not a substitute for professional medical advice; anyone concerned about their health should speak with a qualified healthcare provider. It is always best to consult with a qualified healthcare provider to determine the appropriate screening tests and follow-up actions based on an individual's health history and current health status.