Assess your client’s health needs by marking all *true* statements.

### Step 1: Signs and Symptoms

Does your client experience:

- chest discomfort with exertion
- unreasonable breathlessness
- dizziness, fainting, blackouts
- ankle swelling
- unpleasant awareness of a forceful, rapid or irregular heart rate
- burning or cramping sensations in lower legs when walking short distance
- known heart murmur

If you **marked** any of these statements under the symptoms, **STOP**, your client should seek medical clearance before engaging in or resuming exercise. Your client may need to use a facility with **medically qualified staff**.

### Step 2: Current Activity

Has your client performed planned, structured physical activity for at least 30 minutes at moderate intensity on at least 3 days per week for at least the last 3 months?

- Yes  
- No

Continue to step 3.

### Step 3: Medical Conditions

Has your client had or does he/she currently have:

- a heart attack
- heart surgery, cardiac catheterization, or coronary angioplasty
- pacemaker/implantable cardiac defibrillator/rhythm disturbance
- heart valve disease
- heart failure
- heart transplantation
- congenital heart disease
- diabetes
- renal disease
Evaluating Steps 2 and 3:

- If you did NOT mark any of the statements in Step 3, medical clearance is not necessary.
- If you marked Step 2 “yes” and marked any of the statements in Step 3, your client may continue to exercise at light to moderate intensity without medical clearance. Medical clearance is recommended before engaging in vigorous exercise.
- If you marked Step 2 “no” and marked any of the statements in Step 3, medical clearance is recommended. Your client may need to use a facility with medically qualified staff.

This preparticipation screening form was developed for exercise professionals for use with ACSM’s preparticipation screening algorithm, which can be found in ACSM’s Guidelines for Exercise Testing and Prescription, 10th edition, 2017.