

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	<input type="checkbox"/>	<input type="checkbox"/>
Heart Surgery	<input type="checkbox"/>	<input type="checkbox"/>
Coronary (Heart) Angioplasty or Stent Placement	<input type="checkbox"/>	<input type="checkbox"/>
Pacemaker/Implantable Cardiac Defibrillator/ Rhythm Disturbance (Abnormal Heartbeat)	<input type="checkbox"/>	<input type="checkbox"/>
Heart Valve Disease or a Heart Murmur	<input type="checkbox"/>	<input type="checkbox"/>
Heart Failure	<input type="checkbox"/>	<input type="checkbox"/>
Heart Transplantation	<input type="checkbox"/>	<input type="checkbox"/>
Congenital (Born With) Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>
Physical Condition That Prohibits Strenuous Activity	<input type="checkbox"/>	<input type="checkbox"/>
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Other Chronic Conditions	<input type="checkbox"/>	<input type="checkbox"/>

CONTINUE TO NEXT PAGE

Section C: Cardiovascular Risks

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

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

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)	<input type="checkbox"/>	<input type="checkbox"/>
Allergies or Allergic Reactions (e.g. hives, anaphylaxis)	<input type="checkbox"/>	<input type="checkbox"/>
Skin Conditions (e.g., rashes, eczema, psoriasis)	<input type="checkbox"/>	<input type="checkbox"/>
Digestive Issues (e.g., diarrhea, constipation, acid reflux)	<input type="checkbox"/>	<input type="checkbox"/>
Vision or Hearing Changes	<input type="checkbox"/>	<input type="checkbox"/>
Dental or Oral Health Issues (e.g., tooth decay, gum disease)	<input type="checkbox"/>	<input type="checkbox"/>
Injury or Trauma (e.g., fractures, sprains, burns)	<input type="checkbox"/>	<input type="checkbox"/>
Surgery or Hospitalization	<input type="checkbox"/>	<input type="checkbox"/>
Changes in Weight	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Issues (e.g., depression, anxiety, PTSD)	<input type="checkbox"/>	<input type="checkbox"/>

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.