

**Pre-Training Health and Fitness Evaluation:**

If you are between the ages of 50 and 69, take a minute to answer the seven questions included in the following Physical Activity Readiness Questionnaire (PAR-Q).

At a minimum, a simple screening device like the PAR-Q can be used for pre-exercise screening if you plan to train for and participate in a competitive or non-competitive running or multisport event at moderate exercise intensity, which is generally defined as exercise that can be sustained comfortably for a period of approximately 45 minutes or more.

Please review and provide answers to the following questions:

- Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?  
 yes  no
- Do you feel pain in your chest when you do physical activity?  
 yes  no
- In the past month, have you experienced chest pain when you were not doing physical activity?  
 yes  no
- Do you lose your balance because of dizziness or do you ever lose consciousness?  
 yes  no
- Do you have a bone or joint problem that could be made worse by a change in your physical activity?  
 yes  no
- Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or a heart condition?  
 yes  no
- Do you know of any other reason why you should not do physical activity?  
 yes  no

Please explain if you answered yes to the last bullet point:

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If you answered YES to one or more of these questions, please consult your doctor before becoming more physically active or beginning a training program. If you are over age 69, you should talk to your doctor before starting any new training program.

If you answered NO to all questions then you can be reasonably sure that you can safely start an exercise program.

If you are currently pregnant, talk to your doctor before becoming more active.

**Risk Factors:**

Training and competition often involves vigorous exercise. If you are trying to complete an event to achieve a personal best time, or complete a marathon or half/full Ironman, It is your responsibility to evaluate and know your limits.

Ideally, your pre-participation health screening will include a medical history, as well as the measurement of body mass index (BMI), waist girth, blood cholesterol, blood glucose and blood pressure.

**Special attention should be given to the identification of the following ACSM risk factors:**

- Heart attack, bypass surgery or sudden death in a first-degree male relative (i.e. brother, father, son) before age 55.
- Heart attack, bypass surgery or sudden death in a first-degree female relative (i.e. sister, mother, daughter) before age 65.
- A current cigarette smoker or those who have quit within the last 6 months.
- A blood pressure at rest at or above 140/90 (confirmed on two separate occasions) or use of blood pressure medication
- A total blood cholesterol at or above 200 mg/dl or a HDL Cholesterol at or below 35 mg/dl.
- A fasting blood glucose at or above 110 mg/dl confirmed by measurements on two separate occasions.
- A body mass index (BMI) above 30 kg/m<sup>2</sup> or a waist girth greater than 100 centimeters.
- A sedentary lifestyle as defined by the failure to accumulate 30 minutes or more of moderate physical activity most days of the week.
- Any other known chronic illness.

**You should also tell the person doing the screening whether or not you have experienced any of the following signs or symptoms of cardiovascular and pulmonary disease:**

- Pain or discomfort in the chest, neck, jaw, arms or other areas, that may be due to poor blood flow.
- Shortness of breath at rest or with mild exertion.
- Periodic dizziness.
- Swelling in the ankles.
- Unusual heartbeat, heart murmur or episodes of rapid heart rate.
- Previous episodes of blood clot formation.
- Unusual fatigue with normal activities.

You will be classified into one of the following health risk categories. These categories help you to determine your need for further medical clearance or evaluation before beginning a rigorous triathlon-training program.

**Low Risk**

An individual who exhibits one or no risk factors (above), no signs or symptoms of cardiovascular disease and is either a male under 45 years of age or a female under 55 years of age. While a physical examination within the last year would be considered appropriate, you are considered safe to participate in exercise at all of the intensities described in these ACSM standards without it.

**Moderate Risk**

An individual who exhibits two or more of the risk factors described above or is either a male over 45 years of age or a female over 55 years of age, but has no signs or symptoms of cardiovascular or pulmonary disease. A prior physical examination is appropriate, however only individuals who plan to participate in vigorous exercise training or competition need obtain prior medical clearance. Keep in mind that participation in triathlon training and competition often requires vigorous exercise. Should this be the case for you, then your triathlon training or participation should be preceded by a medical examination.

**High Risk**

Should an individual exhibit any of the signs or symptoms of cardiovascular or pulmonary disease listed above they would be classified as having high risk. A physical examination and medical clearance is considered essential before anyone in this group participates in exercise programs of any intensity.

Despite the advice given here about the relative risks to health of exercise, anyone who has the slightest reservations about his or her ability to exercise with minimal risk to health should consult a physician.

Should your status relative to any of the PAR-Q questions, ACSM risk factors, or signs and symptoms of cardiovascular or pulmonary disease change after starting or modifying your exercise-training program; consult your physician.

I \_\_\_\_\_ acknowledge that I have read and understand the above information pertaining to my health history.

Date: \_\_\_\_\_

Now that you've read and completed the above information, please bring it to the initial consultation meeting, mail it to us or email it back to us. If you're going to mail it, please send to:

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Boulder, CO 80304*