

**USNA CIVILIAN FITNESS PROGRAM (CFP)  
MEDICAL SELF ASSESSMENT  
(For Personal Use Only)**

1. Have you ever had a definite or suspected heart attack or stroke?	Yes	No
2. Have you ever had coronary bypass surgery or any other type of heart surgery?	Yes	No
3. Do you have any other cardiovascular or pulmonary (lung) disease (other than asthma, allergies, or mitral valve prolapse)?	Yes	No
4. Do you have any current history of diabetes, thyroid, kidney, or liver disease?	Yes	No
5. Have you ever been told by a health professional that you had an abnormal resting or exercise (treadmill) electrocardiogram (EKG)?	Yes	No
6. Do you currently have pain or discomfort in the chest or surrounding areas that occurs when you engage in physical activity?	Yes	No
7. Do you currently have shortness of breath?	Yes	No
8. Do you currently have unexplained dizziness or fainting?	Yes	No
9. Do you currently have difficulty breathing at night except in an upright position?	Yes	No
10. Do you currently have swelling of the ankles (recurrent and unrelated to injury)?	Yes	No
11. Do you currently have heart palpitations (persistent irregularity or racing of the heart)?	Yes	No
12. Do you currently have pain in the legs that causes you to stop walking (claudication)?	Yes	No
13. Do you have a known heart murmur?	Yes	No
14. Within the past 12 months has a health professional told you that your blood cholesterol or lipid profile was abnormal?	Yes	No
15. Is your blood pressure high (systolic (top) > 160 or diastolic (bottom) > 90)?	Yes	No
16. Do you have fasting blood glucose greater or equal to 140 mg/dl?	Yes	No
17. Are you pregnant or is it likely that you could be pregnant at the present time?	Yes	No
18. Are you currently under any treatment for any blood clots?	Yes	No
19. Do you have problem with bones, joints, or muscles that may be aggravated with exercise?	Yes	No
20. Do you have any back/neck problems?	Yes	No
21. Have you had surgery or been diagnosed with any disease in the past 12 months?	Yes	No
22. Have you been told by a health professional that you should not exercise?	Yes	No
23. Are there any conditions (mitral valve prolapse, epilepsy, history of rheumatic fever, asthma, cancer, anemia, hepatitis. etc.) that may hinder your ability to exercise?	Yes	No
24. During the past 6 months, have you experienced any unexplained weight loss or gain (greater than ten pounds)?	Yes	No

**This form is for your own personal use only and shall not be  
turned in to management or the Human Resources Office.**

**If you answered "YES" to any of the above questions, you may  
want to seek medical advice from your health care provider  
before you participate in physical fitness activities.**