

**WCT Level**☐ Arduous☐ Moderate☐ Light**HEALTH SCREENING QUESTIONNAIRE (HSQ)****Assess your health needs by marking all true statements.**

The purpose of the HSQ is to identify individuals who may be at risk while taking the Work Capacity Test (WCT) and recommend an exercise program and/or medical examination prior to taking the WCT.

Employees are required to answer the following questions which were designed to identify those individuals who may be at medical risk when taking a WCT. The HSQ is not a medical examination. Any medical concerns you have that may place you or your health at risk should be reviewed with your personal physician prior to participating in the WCT.

**SECTION A**

You have/had:

- ☐ a heart attack  
☐ heart surgery  
☐ coronary (heart) angioplasty or stent placement  
☐ a pacemaker/implantable cardiac defibrillator/  
rhythm disturbance (abnormal heartbeat)  
☐ heart valve disease or a heart murmur  
☐ heart failure  
☐ heart transplantation  
☐ congenital (born with) heart disease  
☐ personal experience or a doctor's advice of any  
other physical reason that would prohibit you  
from carrying out or participating in strenuous  
activity  
☐ blood pressure greater than 139/89, or you  
take blood pressure medication  
☐ diabetes: diet controlled or you take medicine to  
control your blood sugar

You experienced in the last 12 months:

- ☐ chest discomfort/pain with exertion  
☐ breathlessness more than others with exertion  
☐ dizziness, fainting, blackouts  
☐ muscle or bone/joint problems: spine, knees,  
back, hips, shoulders, etc. (swelling, moderate pain)

Other Health Issues:

- ☐ you have a hernia  
☐ you take heart or asthma medications  
☐ you have epilepsy or a seizure disorder  
☐ you have a history of past heat  
exhaustion/stroke that required medical care  
☐ your blood cholesterol level is greater than 200  
mg/dL, or your HDL is less than 40 mg/dL, or you take  
cholesterol medication  
☐ I have a waiver for \_\_\_\_\_

**SECTION B**

Cardiovascular risks:

- ☐ you are physically inactive (i.e., you get less than  
30 minutes of physical activity less than 3 days  
per week)  
☐ you have a body mass index (BMI)  $\geq 30$  \*  
☐ you don't know your cholesterol level  
☐ you don't know your blood pressure  
☐ you smoke currently or in the past 6 months

\*(to determine BMI, go to: [National Heart, Lung and Blood Institute: Calculate Your Body Mass Index](https://www.heart.org/healthycalculator/body-mass-index-bmi) )

**I understand that if I need to be evaluated by a physician, it will be based on the fitness requirements of the position(s) for which I am qualified.**

**Privacy Statement**

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**I have read and understand the above, and answered truthfully.**

Signature: \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Unit: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

HSQ Coordinator: \_\_\_\_\_