

**HAVERHILL POLICE DEPARTMENT
2975 DARTMOUTH COLLEGE HIGHWAY
NORTH HAVERHILL, NH 03774**

“Together as a community, we are and always will be, here for one another.”

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

Please answer the following questions carefully and answer each one honestly:

YES	NO	QUESTIONS
		Has your doctor ever said that you have a heart condition and recommended only medically approved physical activity?
		Do you have chest pain brought on by physical activity?
		Have you developed chest pain at rest in the last month?
		Do you lose consciousness or lose your balance as a result of dizziness?
		Do you have a bone or joint problem that could be aggravated by the proposed physical activity?
		Is your doctor currently prescribing medication for your blood pressure or heart condition (e.g., diuretics or water pills)?
		Are you aware, through your own experience or a doctor’s advice, of any other reason against your exercising without medical approval?

If you answered, “YES” to any of the questions above you will be required to provide written documentation (specific to the condition marked a “YES”) from a medical doctor, which indicates that you are medically cleared and able to participate in the proposed fitness assessment. This documentation, as well as the signed Standard Medical Clearance Form, must be provided on the day of the assessment.

If you answered “NO” to all of the questions listed above you are still required to provide the Standard Medical Clearance Form signed by a doctor prior to the fitness assessment.

The Medical Clearance Form is attached.

Applicant Name: _____
(Printed Name)

Applicant Signature: _____ Date: _____