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## EMT-SAFE Health Screening Questionnaire

**Name:**

**Date:**

The following questionnaire must be completed prior to participation in EMT-SAFE to ensure that you are not currently experiencing signs or symptoms that may make participation in the EMT-SAFE a health risk. Please answer the following questions to the best of your ability.

**Yes    No**

- 1. Has your doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor?
- 2. Do you have pain in your chest when you do physical activity?
- 3. In the past month, have you had chest pain when you were not doing physical activity?
- 4. Do you lose your balance because of dizziness or do you ever lose consciousness?
- 5. Do you have a bone or joint problem, such as arthritis, that could be made worse with a change in your physical activity?
- 6. Are you currently taking prescription drugs for a blood pressure or heart condition?
- 7. Do you know of any other reason why you should not do physical activity?
- 8. Have you had any surgical procedures in the past 6 months?
- 9. Are you pregnant?

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date