

HEALTH SCREENING QUESTIONNAIRE (HSQ)

<u>WCT Level</u> ___ Arduous ___ Moderate ___ Light
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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) ≥ 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](#))

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

The information obtained in the completion of this form is used to help determine whether an individual being considered can carry out those duties in a manner that will not place the candidate unduly at risk due to inadequate physical fitness and health.

It's collection and use are covered by the Health Insurance Act of 1996, U.S.C. Sections 1320d-1320d-9(2003)(HIPPA) and C.R.S. Section 24-72-201 et. seq. and 301, et. seq. Disclosure of this information has criminal and civil penalties. WARNING: The information you have given constitutes an official statement. Incomplete, misleading, or untruthful information provided on the form may result in delays in processing the form for employment, termination of employment, or criminal sanction.

Signature: _____ Printed Name _____ Date _____
Unit: _____ City _____ State _____
HSQ Coordinator: _____