



STATE OF SOUTH DAKOTA
LAW ENFORCEMENT STANDARDS AND TRAINING COMMISSION

DIVISION OF CRIMINAL INVESTIGATION
GEORGE S. MICKELSON CRIMINAL JUSTICE CENTER
1302 EAST HIGHWAY 14 - SUITE 5
PIERRE, SOUTH DAKOTA 57501-8505
PHONE (605) 773-3584
FAX (605) 773-7203

MARTY J. JACKLEY
ATTORNEY GENERAL

HEALTH HISTORY FORM

Please Print Neatly or Type

1. Name: _____ 2. Agency: _____
3. Date of Birth: _____ 4. Age: _____
5. Phone: _____

6. Mailing Address: _____

7. Email Address: _____

8. Past and Present Personal Health History (check if appropriate)

- | | |
|---|--|
| <input type="checkbox"/> Disease of arteries and heart | <input type="checkbox"/> Anemia |
| <input type="checkbox"/> Diabetes or abnormal blood sugar | <input type="checkbox"/> Abnormal chest X-ray |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Angina (chest pain) | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Other lung disease |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Orthopedic or muscular problems |

If any are checked, please explain further and indicate any recommendations your doctor has made regarding exercise. _____

9. Level of Physical Activity

Yes ___ No ___ Are you currently involved in a regular exercise program such as walking, swimming, cycling, or jogging?

Yes ___ No ___ Do you regularly walk or run one or more miles continuously?
If YES, average number of miles you cover per workout: _____
What is your average time per mile: _____

Yes ___ No ___ Do you practice weight lifting or calisthenics?

Yes ___ No ___ Do you perform stretching exercises on a regular basis?

10. Is there a family history of heart disease, hypertension, stroke, diabetes, lung disease, or epilepsy? ___ Yes ___ No

If YES, please provide information regarding who the relative is, the medical problem, and the age at onset or death: _____

11. Yes _____ No _____ Do you currently smoke cigarettes?
If YES, how many cigarettes per day? _____
If you smoked in the past, when did you quit? _____

12. Yes _____ No _____ Are you currently taking medication prescribed by a physician?
If YES, indicate:
• name of medication _____
• dosage taken _____
• month and year you began taking it _____
• what medication is used for _____

13. Do you currently have or have had in the past, any problems in the following areas:

Back Yes _____ No _____
Shoulders Yes _____ No _____
Knees Yes _____ No _____

If YES, please explain in detail _____

14. Have you ever had any surgeries on the following areas:

Back Yes _____ No _____
Shoulders Yes _____ No _____
Knees Yes _____ No _____

If YES, please explain in detail, give dates, and list any exercise limitations given by your doctor: _____

15. Please indicate below any additional medical information that you think is important for us to know prior to fitness testing or exercises.



STATE OF SOUTH DAKOTA
LAW ENFORCEMENT STANDARDS AND TRAINING COMMISSION

DIVISION OF CRIMINAL INVESTIGATION
GEORGE S. MICKELSON CRIMINAL JUSTICE CENTER
1302 EAST HIGHWAY 14 – SUITE 5
PIERRE, SOUTH DAKOTA 57501-8505
PHONE (605) 773-3584
FAX (605) 773-7203

MARTY J. JACKLEY
ATTORNEY GENERAL

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PARQ)

1. Name: _____ 2. Agency: _____

A simple screening tool used to identify individuals who probably should not be tested in a field setting without physician clearance.

YES

NO

1. Has your doctor ever said you have heart trouble?

2. Do you frequently have pain in your heart or chest?

3. Do you often suffer from severe dizziness?

4. Do you have any orthopedic problem such as arthritis that might be aggravated by exercise?

5. Is there a good reason not mentioned here why you could not follow an exercise program even if you wanted to?

6. Are you over age 65 and not accustomed to vigorous exercise?

7. Have you ever been told by a doctor that your blood pressure was too high?

8. Are you currently using any prescribed medications?

9. Are you pregnant?

