

PRE-EXERCISE HEALTH SCREEN

Today's date and time: _____

Who is taking your blood pressure and conducting the cholesterol test?

	<i>Today</i>	<i>at 6 weeks</i>	<i>at 12 weeks</i>	<i>at 6 months</i>	<i>at 1 year</i>	<i>at 2 years</i>
RESTING HEART RATE						
BLOOD PRESSURE						
CHOLESTEROL LDL: HDL: TOTAL:						
TRIGLYCERIDES						

Doctor or health-care professional's recommendations:
