

KSC Fitness Center

Fitness Center Clearance Questionnaire (FCCQ)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. The FCCQ will tell you if you should check with your doctor before you start.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: Check YES or NO.

YES	No	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of <u>any other reason</u> why you should not do physical activity?

YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the FCCQ and which questions you answered YES.

- You may be able to do any activity you want - as long as you start slowly and buildup gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

NO to all questions

If you answered NO honestly to all FCCQ questions, you can be reasonably sure that you can:

- Start becoming much more physically active - begin slowly and build up gradually. This is the safest and easiest way to go.
- Take part in a fitness appraisal - this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 140/90, talk with your doctor before you start becoming much more physically active.

DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever - wait until you feel better; or
- if you are or may be pregnant - talk to your doctor before you start becoming more active

PLEASE NOTE:

If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

The information collected in this form is covered by the Privacy Act of 1974 and will become part of NASA's Health Information Management System (HIMS). Refer to KSC Form 8-218. A complete description of this System of Records can be found by searching the Web for "78 FR 77503".

Signature _____ Date _____

Print Name (Last, First, Middle Initial)	Fitness Center ID
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If you are a minor, reverse side must be completed.	BP	Staff Initial
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Parental Consent for Minor's Physical Activity Readiness at Kennedy Space Center

_____ Signature of Natural / Custodial Parent or Legal Guardian
Print Name

_____ Date
Witness

This form must be NOTARIZED if visiting Minor guest without a parent present.

I, _____, natural and custodial parent or legal guardian of the minor child
_____ do hereby consent to and authorize the use of the services and/or facilities of
Kennedy Space Center (KSC) Fitness Center by my minor child, _____.