



Mount Sinai
Rehabilitation Hospital

Trinity Health

CONNECTICUT ADAPTIVE ROWING PROGRAM
HEALTH RISK SELF-APPRAISAL

Name: _____

Please fill out this form honestly and to the best of your knowledge. The information you provide will determine if you need to seek the advice of your physician. The information contained on this self-appraisal is confidential.

Please check any of the following that apply to you.

HISTORY

I have/had:

- a heart attack
- heart surgery
- cardiac catheterization
- coronary angioplasty
- a pacemaker
- heart valve disease
- heart failure.
- heart transplant
- congenital heart disease
- a heart murmur
- a rhythm disturbance or arrhythmia
- cardiomyopathy
- a stroke
- diabetes
- emphysema
- Fibromyalgia
- Surgery: Type: _____
Year: _____
- Injuries (Describe):
fracture _____
sprain/strain/tear _____
MVA _____
- Other: Please list any medical conditions that would affect your ability to safely use rowing equipment:

SYMPTOMS

I frequently experience:

- unexplained pain/discomfort in chest, neck, jaw or extremities
- shortness of breath at rest or at mild exertion
- dizziness or fainting
- unexplained ankle swelling
- heart palpitations/racing heart
- unusual fatigue or shortness of breath
- joint or bone problem following physical activity

RISK FACTORS

- There is a history of heart disease in my immediate **family
- I currently smoke
- I have high cholesterol
- I have high blood pressure
- I am currently taking blood pressure medication
- I have allergies to medications
- ** Immediate family includes parent, brothers or sisters

MEDICATIONS (List): _____

ADAPTIVE EQUIPMENT: _____

If you checked 1 OR MORE History or Symptom statements or 2 OR MORE Risk Factors, we request that you ask your physician for written clearance before engaging in the Connecticut Adaptive Rowing Program.

The undersigned declares that they have completed the above medical questionnaire, required by CARP, and declare that they are physically able to engage in the CARP rowing program

Signature: _____ Date: _____
(If under 18 signature of Parent/Legal Guardian required): _____ Date: _____