

**PT Self-Assessment Questionnaire**  
For  
New Mexico National Guard  
Physical Training Program

1. Has a doctor informed you that you have a heart condition, heart murmur, or have you had a heart attack?

\_\_\_\_\_ YES \_\_\_\_\_ NO

2. Do you have frequent pressure or pain in the middle or left side of your chest area, in your left arm, neck or shoulder during or just after exercise?

\_\_\_\_\_ YES \_\_\_\_\_ NO

3. Have you fainted during exercise, or do you often feel faint or have spells of severe dizziness?

\_\_\_\_\_ YES \_\_\_\_\_ NO

4. Do you feel short of breath with mild exertion?

\_\_\_\_\_ YES \_\_\_\_\_ NO

**NOTE**

If you answered yes to one or more of these four questions, you will not be allowed to enter the Physical Fitness Program until such time that a written clearance from your personal physician is provided to your immediate supervisor.

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Employee's Signature