

Safety Screening...

- Do you have a heart condition ?
- Do you have chest pain, discomfort, or pressure...fast or irregular heartbeats ?
- Do you ever become dizzy, lose your balance, or lose consciousness?
- Have you fallen in the past year?
- Do you have bone or joint problems?
- Do you have pain in your legs or buttocks while walking ?
- Do you have non-healing cuts or wounds on feet ?
- Do you have unexplained weight loss in the past six months?
- Is there a reason why you should not participate in physical activity ?

If you answered "yes" to any of these questions please see your doctor before beginning any exercise program!!

- From American Council on Exercise