



Physical Activity Readiness Questionnaire

Please print and bring the completed form with you on the day

Name:-

Address:-

Email:-

Mob:-

Please read carefully:

Circle yes or no. If you circle any of the 'yes' responses below you may need your doctors consent before you participate in a FitSteps class.

- 1 Has a doctor ever said that you have a heart condition and not to take part in physical activity ? **Yes/No**
- 2 Do you have chest pain brought on by physical activity? **Yes/No**
- 3 Have you developed chest pain in the last month? **Yes/No**
- 4 Do you lose consciousness or fall over as a result of dizziness? **Yes/No**
- 5 Do you have a bone or joint problem that could be aggravated by physical activity? **Yes/No**
- 6 Has a doctor ever recommended medication for your blood pressure or a heart condition? **Yes/No**
- 7 Are you aware through your own experience or from doctors' advice of any other reason why you should not do physical activity without medical supervision? **Yes/No**

Please outline any other relevant information that may affect your ability to exercise.

Known allergies:

Pre-existing medical conditions:

Current medication:

I realise that my body's reaction to physical activity is not totally predictable. Should I develop a condition that affects my ability to exercise, I will inform my instructor immediately and stop exercising if necessary. I take full responsibility for monitoring my own physical condition at all times

DATE:

SIGNED:

IN CASE OF EMERGENCY PLEASE CONTACT:

Name: Phone No:

Address:

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