

Fitness that's strictly fun!



Physical Activity Readiness Questionnaire

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

Name:-

Address:-

Email:-

Tel:-

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 ?
- 2 Do you have chest pain brought on by physical activity?
- 3 Have you developed chest pain in the last month?
- 4 Do you lose consciousness or fall over as a result of dizziness?
- 5 Do you have a bone or joint problem that could be aggravated by physical activity?
- 6 Has a doctor ever recommended medication for your blood pressure or a heart condition?
- 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?

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:
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Address:
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