

## Physical Activity Readiness Questionnaire

Name ..... Email .....

House name or number ..... Emergency contact name and phone:

Postcode ..... Phone .....

**Answer yes or no to the following questions:**

- |   |               |
|---|---------------|
| 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? | <b>Yes/No</b> |
| 2. Do you feel pain in your chest when you do physical activity?  | <b>Yes/No</b> |
| 3. In the past month, have you had chest pain when you were not doing physical activity?  | <b>Yes/No</b> |
| 4. Do you lose your balance because of dizziness or do you ever lose consciousness?   | <b>Yes/No</b> |
| 5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?                              | <b>Yes/No</b> |
| 6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?                | <b>Yes/No</b> |
| 7. Do you know of any other reason why you should not do physical activity?   | <b>Yes/No</b> |

If there is anything else that might affect your ability to exercise, then please give details (examples are: known allergies, pre-existing medical conditions, current medication).

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**If you answered yes** to one or more questions, or are concerned about your health, consult your doctor before substantially increasing your physical activity. You should ask for a medical clearance along with information about specific exercise limitations you may have. In most cases, you will still be able to do any type of activity you want as long as you adhere to some guidelines.

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.

I confirm that I have read and understood the above advice and that the information I have given is correct.

Signature..... Date.....

By ticking below, I confirm agreement for my teacher to contact me with information on classes and other Fitsteps-related activities, and understand that I have the right to withdraw this 'consent to be contacted' at any time.

I consent to being contacted by:       Email                       Phone                       Post