



## Physical Activity Readiness Questionnaire

Name: \_\_\_\_\_

Please read the following questions and tick the relevant boxes

	YES	NO
1. Has your doctor ever said that you have a heart condition and recommended only medically supervised activity?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have chest pain brought on by physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you developed chest pain in the last month?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you tend to lose consciousness or fall over as a result of dizziness?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have a bone or joint problem that could be aggravated by the proposed physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
6. Has your doctor ever recommended medication for your blood pressure or a heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you aware, through your own experience, or from a doctor's advice, of any other physical reason why you should not exercise without medical supervision?	<input type="checkbox"/>	<input type="checkbox"/>

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have answered 'yes' to any of the questions above, you must agree to the following statements:

I acknowledge that I have either been given my doctor's permission to participate, or that I have decided to participate in the activity without the approval of my doctor and do hereby assume all responsibility for my participation and activities.

I understand that I am responsible for monitoring my own condition throughout the exercise programme and that should any unusual symptom occur I will cease my participation and inform the instructor of the symptoms.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_