

**PHYSICAL ACTIVITY READINESS QUESTIONNAIRE**

<b>Name:</b>		<b>Date:</b>	
<b>Address:</b>		<b>Date of Birth:</b>	
		<b>Next of Kin Contact:</b>	
		<b>Phone No:</b>	
<b>Phone No:</b>		<b>Authorised User No:</b>	
<b>E-mail:</b>			

Before starting to exercise with us, we must establish your current health status. **If you are over 65 years of age and not used to being very active, please check with your doctor prior to commencing physical activity.** Please answer each of the following questions honestly by ticking yes or no. If you have any difficulties understanding this Questionnaire, please contact a member of staff who will be happy to help you.

**SECTION A**

- |  | <b>Yes</b>               | <b>No</b>                |
|--|--------------------------|--------------------------|
| 1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you feel pain in your chest when you do physical activity?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. In the past month, have you had chest pain when you were not doing physical activity?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you lose your balance because of dizziness or do you ever lose consciousness?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have a bone or joint problem that could be aggravated by a change in physical activity?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Has a doctor ever recommended medication for your blood pressure or a heart condition?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you know of <u>any other reason</u> why you should not do physical activity?   | <input type="checkbox"/> | <input type="checkbox"/> |

Please comment on specific examples (e.g. bone or joint problems):

.....  
***If you have ticked any of the Yes boxes, we recommend that you visit your doctor before starting any exercise.***

**RESPONSIBILITY FOR YOUR HEALTH**

Although these questions are designed to assist in advising you about the safety of exercise, you are reminded that we cannot be held responsible for your health. It is your responsibility to consult with your doctor if you are in any doubt about the safety of exercise and inform us of any change to your current health status.

Signed: ..... Date: .....

Signed: .....(C.A./Instructor) Date: .....

**SECTION B** (To be completed following gym induction)

I have been instructed on how to use the equipment and will ask for assistance if required. I will also ask staff for assistance if I wish to use equipment for which I have not received instruction. I have read and understood the above information.

Cardiovascular Equipment:  
 Signed: ..... Date: .....

Signed: .....(C.A./Instructor) Date: .....

Resistance Equipment:  
 Signed: ..... Date: .....

Signed: .....(C.A./Instructor) Date: .....