**Physical Activity Readiness Questionnaire**

Name:

Address: Date:

Phone:

Emergency Contact name & Phone Number:

If you are planning to take part in physical activity or an exercise class please answer the questions below. This questionnaire will tell you if you need to check with your doctor before you start. ***Your instructor will treat all information confidentially.***

**NO**

**YES**

Has your doctor ever said that you have a heart condition and that

you should only do physical activity recommended by a doctor?

Do you ever feel pain in your chest when you exercise?

Have you suffered a stroke?

Have you ever had chest pain when you are not exercising?

Do you ever feel faint or have spells of dizziness?

Do you have a joint problem that can be made worse by exercising?

Do you have an injury, illness or back problem that may be aggravated

by exercise?

Do you have high blood pressure?

Are you currently taking any medication of which the instructor should be

made aware of. If so, what?

Are you pregnant or have you had a baby in the last 6 months?

Is there any other reason why you should not participate in physical

activity? If so, what?

Do you have a diagnosed medical condition including any of the following?

**Please circle any that apply.**

-Arthritis -Hernia -Epilepsy

-Asthma -Ulcer -Circulation Problems

-Diabetes -Gout - Palpitations/murmers -High Cholesterol

**IF YOU HAVE ANSWERED NO TO ALL QUESTIONS:**

You can be reasonably sure that you can start to become more physically active & take part in a suitable exercise programme. Remember to start slowly & build gradually. **PLEASE NOTE**: If your health changes so that you answer **YES** to any of the above questions, inform your instructor immediately. Delay becoming more active if you feel unwell from a temporary illness such as a cold or flu.

**IF YOU HAVE ANSWERED YES TO ONE OR MORE QUESTIONS:**

Talk to your doctor before you start exercising to find out about the kinds of activity you wish to participate in and follow his/her advice. You may be able to do the activity you want as long as you start slowly and build gradually or you may need to restrict yourself to activities that are safe for you.

**I HAVE READ, UNDERSTOOD AND COMPLETED THIS QUESTIONNAIRE. I HAVE DISCUSSED ANY ISSUES WITH THE INSTRUCTOR. ALL QUESTIONS WERE ANSWERED TO MY FULL SATISFACTION.**

Instructor Signature: Client Signature: