



Name _____ Address _____

Tel. Home _____ Mobile _____

The person we should contact in case of an emergency:

Name: _____ Tel: Home _____ Mobile _____
_____ Work _____

Physical Activity Readiness Questionnaire

If you have answered “yes” to any of the following questions then you must speak to the Course Tutor as you will require your doctor’s consent before you take part in physical activity or continue with this course.

Please circle the appropriate answer to each of the following questions:

1. Has your doctor ever said that you have a heart condition and recommended only supervised activity? Y / N
2. Do you have chest pain brought on by physical activity? Y / N
3. Have you developed chest pain in the last month? Y / N
4. Do you tend to lose consciousness or fall over as a result of dizziness? Y / N
5. Do you have a bone or joint problem that could be aggravated by the proposed physical activity? Y / N
6. Has a doctor ever recommended medication for your blood pressure or a heart condition? Y / N
7. Are you currently, or have you been pregnant in the last six months? Y / N
8. Are you aware, through own experience or from a doctor’s advice, of any other physical reason why you should not exercise without medical supervision? Y / N

Your Signature: _____ Today’s date: _____

Please state any previous/current experience you have in the Health and Fitness Industry – this can include your own personal exercise regime: (Please continue overleaf if necessary).