

Physical Activity Readiness Questionnaire

Your Details			
Name:			
Address:			
			Postcode:
Occupation:			Date of Birth:
Telephone number:		Email:	

Medical History				
			Yes (✓)	No (✓)
1	Have you ever suffered from heart trouble?			
2	Are you presently taking any form of medication?			
3	Do you suffer from chest pains?			
4	Do you ever have spells of dizziness or feel faint?			
5	Have you ever had either high or low blood pressure, and/or high cholesterol level?			
6	Have you ever had asthma, chronic bronchitis or any other chest ailments?			
7	Do you suffer from severe back pains or any orthopaedic problem? If yes, give detail below.			
8	Do you suffer from severe headaches or migraines?			
9	Are you recuperating from a recent illness/operation or injury?			
10	Have you any medical condition that we should be aware of?			
11	Are you pregnant? If yes how many months?	Months		
12	Is there any history of heart disease in your immediate family (under the age of 55)?			

PLEASE NOTE: If you answered YES to any of questions 1 to 12, you are advised to seek medical advice/approval before commencing any exercise session.

I have been informed both verbally and in writing that if I answer YES to any of questions 1 to 12 of this questionnaire, I should seek medical advice/approval before commencing any exercise session. If I wish to continue without such advice, I do so entirely at my own risk.

I can confirm that I have read, fully understood and answered the above questions honestly. I understand that an instructor cannot be held responsible for any injuries or ill health of any kind arising following the attendance of this session.

(Please ✓) I would like to be kept informed of future events, offers & news through newsletter. You may unsubscribe from this at anytime.

(Please ✓) I consent to you collating & holding my data.

We are committed to protecting your privacy at all times complying to the UK & EU data protection laws. Full copy of our Privacy Policy is available on demand or on the website.

Signed: (client)	Date: ____ / ____ / ____
Signed: (Instructor)	