



Physical Activity Readiness Questionnaire

Please complete all sections in **BLOCK CAPITALS**. Circle **Y** or **N** where appropriate.

Title _____ DOB _____

Full Name _____

Company _____ Contact Number _____

1. Has your doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor? Y / N
2. Have you ever felt pain in your chest when participating in physical activity? Y / N
3. Have you ever experienced chest pain when you are not doing physical activity? Y / N
5. Do you suffer from asthma or shortness of breath at rest or with mild exertion? Y / N
6. Do you ever feel faint or have spells of dizziness? Y / N
7. Do you have a bone or joint problem that could be made worse by exercise? Y / N
8. Have you ever been told by your doctor that you have high blood pressure? Y / N
9. Do you have diabetes mellitus? Y / N
10. Do you suffer from epilepsy? Y / N
11. Are you currently taking any medication of which the instructors should be made aware? Y / N
12. Are you, or is there any possibility that you are pregnant? Y / N
13. Is there any other reason why you should not participate in physical activity? Y / N

Please Note - If you have answered **YES** to **ANY** of the questions above, please speak to your GP before participating in any physical training. If in any doubt, please seek your doctor's advice about your suitability to participate in physical activity. If your health changes so that subsequently you answer **YES** to any of the above questions, inform your doctor and fitness professional immediately.

Declaration

In consideration of being allowed to use the gymnasium at The Colmore Building I acknowledge that:

1. I am aware of and understand the potential risks and dangers associated with physical activity including the use of equipment and I am voluntarily participating in these activities with knowledge of the risks and dangers involved.
2. I understand that exercise and fitness activities involve a risk of injury or even death and that I am voluntarily participating in these activities and using equipment and facilities with knowledge of the dangers involved. I hereby agree and expressly assume all and any risks of injury or death.
3. I know of no reason why I should not participate in using the gymnasium facilities. I hereby declare myself free of any condition, disease, infirmity or illness that may affect my participation.
4. I agree to abide by all oral and written notices regarding safety whilst using the gymnasium. I am aware I have the opportunity to ask questions about the activities, general use of equipment and other related issues during the induction. If I choose not to take the advice or to disregard any advice given, I do so voluntarily and accept liability for all resulting injuries or damage.
5. I do hereby waive, release and discharge The Colmore Building and the approved instructors from any and all responsibility, liability, injuries or damages resulting from my participation in any activities or my use of equipment/facilities.
6. This questionnaire has been completed accurately to the best of my knowledge and belief.

I have read, understood and completed this questionnaire and agree to be bound by its conditions

Signed _____

Date _____