

Pre-Activity Readiness Questionnaire

Membership Number

Name

D.O.B

Address

Contact Number

Emergency Contact Number

G.P

Surgery

Regular activity is recommended to improve health, however some people should consult their GP before increasing their activity level or taking on new activities.

Please take time to answer the questions below.

1. Has your doctor ever said you have a heart condition or that you should limit your activity to that recommended by a GP?
YES NO
2. Do you ever experience chest pains?
YES NO
3. Do you suffer from any dizziness or fainting?
YES NO
4. Do you have a bone or joint problem that is made worse with physical activity?
YES NO
5. Is your doctor prescribing medication for blood pressure or a heart condition?
YES NO
6. Do you know of any other reason why you should not take part in physical activity?
YES NO

I agree to consult a doctor before commencing activity if

- I am over 60 years of age and unaccustomed to activity
- I am under 69yrs and have answered YES to one or more of the questions above

In signing this form I have read and understood the questionnaire. I confirm that the answers I have given are true and accurate to the best of my knowledge.

I agree to inform a member of staff if the answer to any of these questions should change in the future.

I am aware that physical activity can be hazardous and there are risks involved and I agree to follow advice given by appropriately trained staff during supervised sessions.

Name

Date

Signature