

Physikal Activity Readiness Questionnaire

First Name Surname

Address

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Tel # Day Evening

Occupation Date Of Birth

Emergency Contact Name Relationship

Tel # Day..... Evening

Doctors Name Surgery

Do you or have you ever suffered from; (please circle)

- Heart disease or chest pain Y N
- Have you had any major operations or illness Y N
- High or low blood pressure Y N
- Asthma / Epilepsy / Diabetes (please circle) Y N
- Back Pain Y N
- Bones or joint problems that may be aggravated by exercise Y N
- Allergies Y N
- Is there a history of heart related disease in your family Y N
- Are you pregnant or post- natal Y N
- Are you currently taking medication Y N
- Do you smoke – if yes how many daily Y N

Are there any reasons not stated here why you should not participate in exercise?

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It is your responsibility to ensure that you can safely and comfortably follow your recommended activity programme. If at any time you feel dizzy, experience pain (rather than discomfort) or any physical symptoms stop exercising, tell your trainer and consult your G.P. You undertake exercise at your own risk, any liability on the part of Roy Essandoh is excluded unless negligence can be proven. I understand that, for my own health and safety, I may be asked to produce a doctor's note before exercising.

Client Signed Date

Trainer Signed Date

Independent. Qualified. Professional.