



Physical Activity Readiness Questionnaire

If you are between the ages of 18 and 69 this questionnaire will tell you if you should check with your doctor before you exercise. If you are over 69 years of age and are not used to being active, please ensure you do check with your doctor first.

Please either tick YES or NO:

	NO	YES - DETAILS
Has your doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor?		
Do you feel pain in your chest when you do physical activity?		
In the past month have you had a chest pain when you were not doing a physical activity?		
Do you lose your balance because of dizziness or do you ever lose consciousness?		
Do you have a bone or joint problem (e.g back, hip or knee pain that could be made worse by physical activity)?		
Is your doctor currently prescribing medication for your blood pressure or heart condition?		
Do you know of any other reason why you should not do physical activity?		

ARE YOU FIT TO EXERCISE?

If you answered **YES** to any of the above questions:
You should consult with your doctor to clarify it is safe for you to take part in physical activity.

If you answered **NO** to **ALL** of the above questions:
It is reasonably safe for you to participate in physical activity, gradually building up from your current level.

TERMS AND CONDITIONS:

- I have read, understood and accurately completed this questionnaire.
- I confirm that I am voluntarily engaging in an acceptable level of exercise and my participation involves a risk of injury.
- I have sought medical advice and my GP has agreed that I may exercise (if applicable)
- I will inform Holland Sports Get Fit Club of any changes in my medical condition as soon as I am aware of it.
- I agree that the information I have given is correct to the best of my knowledge.
- I accept that neither the club nor its officers shall be held responsible for any personal injury or illness, or for any loss of property.

SIGNED (member): _____ DATE _____

PRINT NAME: _____

Reviewed By:

SIGNED (Coach): _____ DATE _____