

Physical Activity Readiness Questionnaire

Please read the following questions and answer each one honestly.

Question	Circle Yes or No
1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?	Y / N
2. Do you feel pain in your chest when you do physical activity?	Y / N
3. In the past month, have you had chest pain while you were doing physical activity?	Y / N
4. Do you lose your balance because of dizziness or do you ever lose consciousness?	Y / N
5. Do you have a bone or joint problem that could be made worse by physical activity?	Y / N
6. Is your doctor currently prescribing drugs for your blood pressure or heart condition?	Y / N
7. Do you know of any other reason why you should not do physical activity?	Y / N

If you answered YES to one or more of the questions:

Talk to your doctor **BEFORE** you become more physically active or have a fitness appraisal. Discuss with your doctor which kinds of activities you wish to participate in.

If you answered NO to all questions:

You can be reasonably sure that you can:

- Start becoming physically active. Start slowly and build up gradually.
- Take part in a fitness appraisal. This is a good way to determine your basic fitness level. It is recommended that you have your blood pressure evaluated.

However, delay becoming active if:

- You are not feeling well because of temporary illness such as cold or flu.
- You are or may be pregnant: talk to your doctor first.

Please note: *If your health changes so that you answer YES to any of the previous questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.*

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction"

Name _____ Date of Birth _____

Address _____

Email _____

Tel: _____ Emergency Contact No. _____

Where did you hear about us? _____

Signature _____ Date _____

Signature of witness/parent/guardian _____

NOTE: This physical activity clearance is valid for a maximum of 12 months from the date it is completed, and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.