



Physical Activity Readiness Questionnaire

Name: _____

Please complete this questionnaire before carrying out any physical activities.

Please read carefully:

If you tick any of the "yes" boxes below and you are about to partake in a 'Client Appraisal' fitness test you will be required to provide a doctor's consent letter, which you must produce on the day of the session.

Please tick the relevant boxes	Yes	No
1. Has your doctor ever said that you have a heart condition and recommend only medically supervised activity?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have chest pain brought on by physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you developed chest pain in the last month?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you tend to lose consciousness or fall over as a result of dizziness?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have a bone or joint problem that could be aggravated by the proposed physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
6. Has the doctor ever recommended medication for your blood pressure or a heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you aware through own experience or from a doctor's advice, of any other physical reason why you should not exercise without Medical supervision?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you currently, or have you been pregnant in the last six months?	<input type="checkbox"/>	<input type="checkbox"/>

Please note:

I acknowledge that I have not withheld any relevant information relating to my present health status and the La Villette Leisure suite have taken every possible care to ensure my safety in the gym or pool, accepting that I exercise within the guidelines that they have given and at my own risk.

Signed _____

Date _____

Witness _____

Thank you for taking time to complete this form.