



Fitsteps with Tracey - Physical Activity Readiness Questionnaire

Name:

Telephone:

Address:

.....

Email:

By ticking this box you agree to be contacted occasionally regarding my FitSteps news and events. We will not use your data for any other purposes and will not share it with third party organisations.

Please read carefully:

Circle yes or no. If you answer 'yes' to any of these questions, if you are pregnant, have a history of heart disease or suffer from any other medical condition, we recommend that you obtain your doctor's consent before you participate in a FitSteps class.

- 1 Has a doctor ever said that you have a heart condition and not to take part in physical activity? Yes/No
- 2 Do you have chest pain brought on by physical activity? Yes/No
- 3 Have you developed chest pain in the last month? Yes/No
- 4 Do you lose consciousness or fall over as a result of dizziness? Yes/No
- 5 Do you have a bone or joint problem that could be aggravated by physical activity? Yes/No
- 6 Has a doctor ever recommended medication for your blood pressure or a heart condition? Yes/No
- 7 Are you aware through your own experience or from doctor's advice of any other reason why you should not do physical activity without medical supervision? Yes/No

Please outline any other relevant information that may affect your ability to exercise.

Known allergies:

.....

Pre-existing medical conditions:

.....

Current medication:

.....

I realise that my body's reaction to physical activity is not totally predictable. Should I develop a condition that affects my ability to exercise, I will inform my instructor immediately and stop exercising if necessary. I take full responsibility for monitoring my own physical condition at all times.

You agree by signing below that you are taking part in classes at your own risk and your instructor is not responsible for any injury, loss, or harm of any kind that may result directly or indirectly from you taking part in classes, other than if caused by negligence.

DATE:SIGNED:

IN CASE OF EMERGENCY PLEASE CONTACT:

Name:Phone Number: