



Physical Activity Readiness Questionnaire

1. Has your doctor ever said you have a heart condition?	Yes	No
2. Do you have high blood pressure?	Yes	No
3. Do you have low blood pressure?	Yes	No
4. Have you ever felt pain in your chest during exercise?	Yes	No
5. Do you often feel faint, have spells of dizziness or ever lost consciousness?	Yes	No
6. Do you have diabetes mellitus or and other metabolic disease?	Yes	No
7. Have you ever suffered from shortness of breath at rest or mild exercise?	Yes	No
8. Are you currently being prescribed drugs or medication from your doctor?	Yes	No
9. Do you have a bone or joint problem such as Arthritis?	Yes	No

If you have answered YES to one or more of the questions please give details:

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Assumption of risk

I hereby state that I have read, understood and answered honestly the questions above. I also state that I wish to participate in activities, including aerobic, resistance exercise and stretching. I realise that my participation in these activities involves the risk of injury and even the possibility of death. Furthermore, I hereby confirm that I am voluntarily engaging in an acceptable level of exercise that has been recommended to me.

Client name:	Trainer name:
Client's signature:	Trainer's signature:
Date:	Date:

Additional note: I have taken medical advice and my doctor has agreed that I should exercise.

Signature: _____ Date: _____