



Physical Activity Readiness Questionnaire

Name:	Height:
Address:	
Postcode:	
Contact telephone :	
Mobile:	
Email:	

Circle each of these questions with either 'yes' or 'no'. If you answer 'no' you may need your doctor's consent before you start you participate in Nordic Walking.

1. Has your doctor ever said that you have a heart condition and recommended only medically supervised 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 as a result of dizziness? Yes/No
5. Do you have a bone or a 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 your doctor's advice or any other reason why you should not exercise without medical supervision? Yes/No

Please outline below any other relevant information that might affect your ability to exercise:

Pre-existing medical conditions:

Current Medication:

Known allergies:

I realise that my body's reaction to exercise 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.

Date:

Signed:

Signature parental /guardian if aged under 18

Signed:

In case of emergency, please contact:

Name:

Phone Number: