

# Physical Activity Readiness Questionnaire



Name: \_\_\_\_\_ Height: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone number: \_\_\_\_\_

Circle yes or no to each of the questions below. If you circle 'yes' you may need your doctor's consent before you participate in Nordic Walking.

- 1 Has a 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 past 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 exercise without medical supervision? Yes / No

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

Pre-existing medical conditions
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Current Medication
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Known allergies
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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: \_\_\_\_\_

In case of emergency, please contact:
Name: _____ Phone number: _____