

# PHYSICAL ACTIVITY READINESS QUESTIONNAIRE



<b>Name:</b>			
<b>Address:</b>			
<b>Email:</b>		<b>Emergency Contact Name:</b>	
<b>Tel:</b>		<b>Emergency Contact Tel:</b>	

**Please read carefully:**

Select yes or no. If any of your responses is 'yes' then you need to provide your doctors' consent before you participate in a dance and fitness class organized by Indulgance Fitness.

1	Has a doctor ever said that you have a heart condition and recommended only medically supervised activity?	Y	N
2	Do you have chest pain brought on by physical activity?	Y	N
3	Have you developed chest pain in the last month?	Y	N
4	Do you lose consciousness or fall over as a result of dizziness?	Y	N
5	Do you have a bone or joint problem that could be aggravated by physical activity?	Y	N
6	Has a doctor ever recommended medication for your blood pressure or a heart condition?	Y	N
7	Are you pregnant or have had a baby in the last 6 months?	Y	N
8	Do you suffer from photosensitive epilepsy?	Y	N
9	Are you taking any blood thinning medication?	Y	N
10	Are you aware through your own experience or from doctors advice of any other reason why you should not exercise without medical supervision?	Y	N

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

**Known allergies:**

**Pre-existing medical conditions:**

**Current medication:**

**Informed Consent:**

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 always take full responsibility for monitoring my own physical condition.

<b>SIGNED:</b>	<b>DATE:</b>
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