

Physical Activity Readiness Questionnaire

Name..... Tel

Address.....

.....Postcode.....

email.....facebook ID.....

Please read carefully:

Circle yes or no. If you circle any of the 'yes' responses below you may need your doctor's consent before you participate in a Strictly Dancercise class.

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|---|--|---------------|
| 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 bone or joint problems 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:

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Pre-existing medical conditions:

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Current medication:

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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.

DateSigned

IN CASE OF EMERGENCY PLEASE CONTACT:

NamePhone No

Address.....

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