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Physical Activity Readiness Questionnaire

In order for you to partake in any form of physical activity you must complete and sign the following Physical Activity Readiness questionnaire.

Please answer 'yes' or 'no'

Do you have a heart condition?

Do you ever experience loss of balance, dizziness or loss of consciousness?

Do you suffer from epilepsy?

Are you asthmatic?

Are you on any prescribed drugs for blood pressure or a heart condition?

Are you pregnant or breast-feeding?

Do you know of any reason why you should not do physical activity?

If you have answered yes to one or more of these questions, you must have written verification from your doctor to begin your fitness programme.

I have read, understood and completed this questionnaire; all questions have been answered to my best knowledge.

Print Name:

Signature:

Date: