



Physical Activity Readiness Questionnaire

Regular physical exercise is fun and becoming more active is beneficial for most people but please fill in the assessment below so we can keep you as safe as possible.

Do you have any medical condition, discomfort or injury which may be affected by physical activity, such as: a heart condition, angina, high/low blood pressure, dizziness, stroke, epilepsy, diabetes, asthma, an operation within the last 12 months, osteoporosis, back injury, arthritic joints or joint replacement?	Yes / No
If yes, please give more details:	
.....	
.....	
Are you taking any prescribed medicines? (Please ensure you have angina/asthma medication with you)	Yes / No
Are you pregnant or have given birth within the last 6 weeks?	Yes / No
Do you have any allergies?	Yes / No
If yes, please give more details:	
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Please note - your instructor is not a medical practitioner and cannot advise whether any condition could be adversely affected by attending this class. However, your instructor reserves the right to suggest you do not participate in activity until discussion with a medical practitioner has taken place and that in some cases, a letter confirming fitness to participate could be required. The responsibility lies with each participant to decide whether they wish to join or continue with a class, assisted by any medical advice they may wish to obtain.

"I recognise that my body's reaction to physical activity is not totally predictable. I confirm that should I develop any injury or condition that affects my ability to exercise, I will inform my teacher and stop exercising if necessary. I take full responsibility for monitoring my own physical condition."	
Signed:	Date:
Print Name:	Tel:
Email:	Can we add you to our mailing list? Y / N

No liability is accepted for any loss of or damage to any articles, which you may bring with you to classes. Equally, liability is not accepted for loss of or damage to motor vehicles or their contents and these are left at the owner's risk.

