## Physical Activity Readiness Questionnaire

| **PRINT NAME**: | | | | | | | | | | | | | | | | | | | | | | | | | |
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**POSTAL ADDRESS *(including postcode)*:**

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**CONTACT NUMBERS:**

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| **Mobile:** | | | | | | | | | | | |
| **Home:** | | | | | | | | | | | |
| **Work:** | | | | | | | | | | | |

| **EMAIL ADDRESS**: | | | | | | | | | | | | | | | | | | | | | | | | | |
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Regular exercise is beneficial to the health in general; however you must be careful about any associated injury risk. Please fill in the below form carefully so that your instructor is aware of your risk profile therefore can advise you of any modifications to make during a class. Please answer Yes or No to the following questions:

1. Do you have a heart condition due to which you should only undertake physical activity recommended by a physician? YES / NO
2. When you do physical activity do you feel pain in your chest? YES / NO
3. Do you ever loose consciousness or lose your balance due to dizziness? YES / NO
4. Do you have a joint or bone problem that may get worse due to physical activity? YES / NO
5. Is a doctor currently prescribing medication for your blood pressure or heart condition? YES / NO
6. Do you have insulin dependent diabetes? YES / NO
7. Are you pregnant or post-partum? YES / NO
8. Are you under 16? YES / NO
9. Are you a man over the age of 50 or a woman over the age of 55? YES / NO
10. Do you suffer from photo-sensitive epilepsy? YES / NO
11. Do you know of any other reason you should not exercise or increase your physical activity? YES / NO

If you answered **'Yes'** to any one question, please get a medical authorisation to undertake training from a doctor.

If you answered **'No'** honestly to all questions, you can be reasonably sure that you are fit to undertake any of the classes with TY fitness

**Note:** Should any changes occur regarding your answers to any of the questions above, please inform your class instructor immediately and ask him/her if any change in your training is required.

I have read, understood and completed this questionnaire. All questions are answered to my full satisfaction. I understand that I will be going through a strenuous physical training routine during which I could get injured. I am voluntarily participating these classes and take full responsibility of any risks due to injury that might result. I agree to waive any claim or right to sue TY Fitness, or any agent, employees, instructors or anybody else associated with the training program for injury to myself as a result of the training activity.

**Participant's signature:**_____ **Date:**_____