

Achieve Fitness with Rachel

Physical Activity Readiness Questionnaire

Physical activity is fun, healthy, and safe for most people. However, for some individuals their health circumstances may require both medical consent and advisement of activities suitable to their needs.

Please circle the answer that best applies to you.

| | | |
|-----|----|---|
| Yes | No | 1. Has your doctor said you have a heart condition and that you should only do physical activity recommended by a doctor? |
| Yes | No | 2. Do you feel pain in your chest when you do physical activity? |
| Yes | No | 3. Has your doctor told you your blood pressure is too high? If prescribed medication, please list: _____ |
| Yes | No | 4. Do you feel faint or have spells of severe dizziness? |
| Yes | No | 5. Has your doctor said you have a bone or joint problem, such as arthritis that has been or could be made worse with exercise? |
| Yes | No | 6. Has your doctor diagnosed you with a known disease such as diabetes, MS, etc? Please list _____ |
| Yes | No | 7. Are you pregnant, have a serious injury, or any other medical condition that requires guidance? Please list _____ |
| Yes | No | 8. Have you had shortness of breath, heart palpitations, leg cramps during walking, or swelling around ankles? |
| Yes | No | 9. Are you not accustomed to vigorous exercise and over age 60? |
| Yes | No | 10. Any reason why you should not do physical activity? If so, please list: _____ |

Answering yes to any of the above questions requires written consent from physician.

Name: _____ Birth date: _____ Gender: M / F

Address: _____

Email: _____ Phone # (h): _____ (w) _____ (c): _____

Emergency Contact Name & Relationship: _____ #: _____

Signature: _____ Date: _____

Guardian Signature (below age 18) _____ Date: _____