

Name Date of Induction Time of Induction

Induction or Intro

Physical Activity Readiness Questionnaire

Many health benefits are associated with regular exercise, and the completion of this questionnaire is a sensible first step. It is always recommended that you consult your G.P. before commencing any new exercise programme. For most people, regular physical activity should not pose any problem or hazard. This has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suited to them. Please read this carefully, and circle the appropriate answer that applies to you.

1. Has any one in your family who is male under the age of 55, or female under the age of 65, suffered from a heart attack, stroke or sudden death? YES NO
2. Have you ever suffered, or suffer at present, from any heart condition or do you get frequent pains in your chest? YES NO
If YES please specify:
3. Have you ever been told you can only do exercise recommended by your doctor? YES NO
4. Do you suffer from high or low blood pressure? YES NO
If YES please specify:
5. In the past month have you had chest pains when you were not doing any physical activity? YES NO
6. Do you get breathless with slight exertion? YES NO
7. Do you lose your balance because of dizziness or do you ever lose consciousness? YES NO
8. Do you have a bone, joint or muscle problem? YES NO
If YES please specify:
9. Have you had any operations? YES NO
If YES please specify:
10. Is your doctor currently prescribing you any medication? YES NO
If YES please specify:
11. Have you had a baby within the last 3 months or are you currently expecting? YES NO
12. Do you have diabetes? Type 1 Type 2 YES NO
13. Is there a good physical reason not mentioned here why you should not follow an activity programme even if you wanted to? If YES please specify:

If you have answered YES to one or more of the above questions, we may require you to consult your G. P. to bring us your Doctor's note to confirm the exercise programme will be suitable for you. This is not designed to hinder you in any way, but to allow us to accurately define a programme to promote your health and well being. It is also important to inform us if any of the following apply to you. Please tick the relevant boxes.

Arthritis Asthma Cramps Do you smoke
Epilepsy Back problems If you are dieting

If you ticked any of the above please specify:

If your health changes please remember to inform the instructor so that any relevant changes can be made to your training programme.

I hereby declare that the above information is correct. I acknowledge the advice that I should contact my G.P. prior to undertaking any regular exercise programme.

Name of Club member

Address

Postcode

Email Address

Telephone number H W M

Date of Birth

Signature Date

Staff signature Date

To help us improve our service please tell us how you heard about the Club Memberships?

Word of mouth Brochure At facility Radio

Other please state

Complete Below After Induction Pro-Forma For Induction - Facility:

I have been shown the cardio-vascular kit and I am aware of how it operates safely.

Signed Date

I have been shown the resistance kit and I am aware of how it operates safely.

Signed Date

I have not been shown how to use the dual adjustable pulley, smith machine, free weights or the Origin Training Rig; if I do wish to use any of the previously mentioned equipment I will contact a Health and Fitness Instructor for advice and technique instruction prior to use.

I have also been shown the fire exits and assembly points for the building.

Signed Date

Health & Fitness Instructor

SCUBA Number