

# PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

**GYM CO**

Full Name       DOB   
Contact No.       Age   
Email.

Please read all questions carefully and answer honestly. Provide any further information as necessary.

- Has your doctor ever said that you have had a heart condition? ..... **Yes**    **No**
- Have you ever had chest pains when you were doing physical activity? ..... **Yes**    **No**
- Have you ever had chest pains when you were resting? ..... **Yes**    **No**
- Do you have high blood pressure or a heart condition in which a medical professional ..... **Yes**    **No**  
is currently prescribing medication?
- Do you have any injury or orthopaedic condition (eg: a back, hip or knee problem) ..... **Yes**    **No**  
that may worsen due to an increase in physical activity?..... **Yes**    **No**
- In the past year have you had any major illness or major surgery? ..... **Yes**    **No**
- Have you ever been diagnosed with Diabetes? ..... **Yes**    **No**
- Have you ever been diagnosed with Epilepsy?..... **Yes**    **No**
- Have you ever been diagnosed with a Respiratory Condition, Stress, Anxiety or Depression? **Yes**    **No**
- Are you currently taking any medication? ..... **Yes**    **No**
- Are you pregnant? ..... **Yes**    **No**
- Have you recently had a baby? (Within the last 6 weeks) ..... **Yes**    **No**
- Do you ever lose your balance because of dizziness or lose consciousness?..... **Yes**    **No**
- Do you have any other medical conditions not mentioned?..... **Yes**    **No**
- Are you recently recovering from infection or virus? ..... **Yes**    **No**
- Are you feeling unwell at present?..... **Yes**    **No**

If you answered YES to any of the above, please give details:

- Are you confident using all fitness equipment? ..... **Yes**    **No**
- Do you need an induction to the fitness equipment before starting?..... **Yes**    **No**

Next of Kin       Contact No.

I consent to receive marketing communication via • Text • Email • Phone (Circle your preference)  
**Tick for your chance to win One Months Free Membership**

### Declaration of Consent

I have read, understand & completed this questionnaire & declare to the best of my knowledge that the above information is correct & that I know of no other reason why I should not participate in an exercise programme. I am aware that should I require any further help, instruction, assistance or training on any piece of apparatus or exercise that GymCo Staff are available at any time to provide me with this.

I hereby assume full responsibility for any & all injuries, losses & damages that I incur while attending, exercising or participating at GymCo. I hereby waiver all claims against GymCo, its instructors, or partners of individually or otherwise, for any injuries, claims or damages that I might incur.

Member Signature       Date   
GymCo Team Member       Date