

Physical Activity Readiness Questionnaire



PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS

HL-06 - Last Updated: 12th May 2010

First Name:

Last Name:

Date of Birth:

Plus2 No:

IT IS YOUR RESPONSIBILITY TO INFORM INVERNESS LEISURE OF ANY CHANGES TO YOUR HEALTH STATUS / MEDICAL CONDITIONS. PLEASE COMPLETE TO THE BEST OF YOUR ABILITY

Are you under the age of 16? YES NO

* If "YES" a parent/guardian signature is required overleaf *

MEDICAL CONDITIONS SECTION

Do you suffer from any medical conditions: YES NO

If "yes", please state: _____

Severity of Condition: LOW MED HIGH

Are you taking any medication for this condition: YES NO

If "yes", please state: _____

Have you been diagnosed with any Additional Needs: YES NO

If "yes", please state: Date Diagnosed: _____

Diagnosis: _____

Any Special Requirements in Relation to Medical Conditions:

Have you ever suffered from:	YES/NO		YES/NO
Heart Disease or Chest Pain	<input type="checkbox"/>	Asthma/Epilepsy/Diabetes	<input type="checkbox"/>
High or Low Blood Pressure	<input type="checkbox"/>	Bone or Joint Problems	<input type="checkbox"/>
Back Pain	<input type="checkbox"/>	Allergies	<input type="checkbox"/>

Please also answer the following:

Do you smoke YES NO

History of heart related disease in your family YES NO

If there is any other issue not stated overleaf that may prevent you from participating in exercise please state below:

EMERGENCY CONTACT DETAILS SECTION

Name: Relationship:

Telephone Numbers: Landline: Mobile:

Signature: Date:

If the inductee is under 16 a parent/guardian signature is required below:

Signature: Date:

DATA PROTECTION - Any personal details you provide on this application form will be held safely and securely, Information within this form will be made available to instructors who will be looking after you during your chosen activity. The information is held in compliance with the Data Protection Act. It is your responsibility to ensure that you can safely and comfortably follow your recommended activity programme. If at any time you feel dizzy, experience pain (other than discomfort) or any other physical symptoms stop exercising, tell your instructor and consult your GP. You undertake exercise at your own risk. Any liability on the part of Inverness Leisure and it's staff is excluded unless negligence can be proven. I understand that for my health and safety, I may be asked to produce a doctor's note before exercising.

GYM INDUCTION SECTION (for Fitness Consultant use only)

Cardio Machines

Treadmill	<input type="checkbox"/>	Elliptical Glider	<input type="checkbox"/>
Bikes	<input type="checkbox"/>	Stepper	<input type="checkbox"/>
Adaptive Motion Trainer	<input type="checkbox"/>		

Resistance Machines

Chest Press	<input type="checkbox"/>	Seated Calf Raise	<input type="checkbox"/>
Fly	<input type="checkbox"/>	Leg Press	<input type="checkbox"/>
Ab Isolator	<input type="checkbox"/>	Seated Leg Curl	<input type="checkbox"/>
Total Hip	<input type="checkbox"/>	Leg Extension	<input type="checkbox"/>
Gluteus	<input type="checkbox"/>	Back Extension	<input type="checkbox"/>
Incline Chest Press	<input type="checkbox"/>	Lat Pull Down	<input type="checkbox"/>
Assisted Chin / Dip	<input type="checkbox"/>	Bicep Curl	<input type="checkbox"/>
Lying Leg Curl	<input type="checkbox"/>	Shoulder Press	<input type="checkbox"/>
Abductor	<input type="checkbox"/>	Upper Back	<input type="checkbox"/>
Adductor	<input type="checkbox"/>	Cable Cross Over	<input type="checkbox"/>

Instructor: Date:

Instructor's Signature: Time: