# Physical Activity Readiness Questionnaire

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| **Name (please print):**  |  | **Date:** |  |
| **Date of birth:**  |  | **Age:**  |  |

As part of the Wholetime recruitment process, you are invited to participate in activities that will help you assess your current fitness level. It is essential that you be physically fit and have no medical conditions that could potentially place you at risk or preclude your participation.

Whilst we will take all reasonable precautions to safeguard your well-being by providing adequate supervision, there is always the possibility of an injury arising, which we do not accept liability for; therefore, it is essential that you should be aware of the implications concerned before agreeing to take part in the practical exercises.

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| **Please read the 8 questions below carefully and answer Yes or No** | YES | NO |
| 1. Has your doctor ever said that you have a heart condition **OR** high blood pressure?
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| 1. Do you feel pain in your chest at rest, during daily activities of living **OR** when you engage in physical activity?
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| 1. Do you lose balance because of dizziness **OR** have you lost consciousness in the last 12 months?
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| 1. Have you ever been diagnosed with another chronic medical condition (other than heart disease or high blood pressure)?
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| 1. Are you currently taking prescribed medications for a chronic medical condition?
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| 1. Do you currently have (or have had within the past 12 months) a bone, joint or soft tissue (muscle, ligament or tendon) problem that could be made worse by becoming more physically active?

Please answer **NO** if you had a problem in the past*, but it does not limit* your current ability to be physically active.  |  |  |
| 1. Are you currently taking any medication which causes drowsiness or any other side effects which may affect your ability to carry out physical activities?
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| 1. Are you currently under investigation/monitored for any medical condition?
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If you answer **yes** to any of the above questions or if you have any concerns regarding a medical issue, further guidance should be sought from your health practitioner prior to becoming more physically active.

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| **Please outline any other relevant information that may affect your ability to exercise, including pre- existing medical conditions and current medications** |

## Declaration

I have read, understood and completed this questionnaire to the best of my knowledge.

Name (please print): ………………………….. Signature: ………………………...………………………..

Date: ……………………….