

# PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

## SECTION 1 - Contact Information

Class (please circle): 60+ Fit Club / Fit Mix / Kick Start Fitness / H.I.T / Personal Training

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_

Gender: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

GP/ Surgery: \_\_\_\_\_ Phone: \_\_\_\_\_

## SECTION 2 - Health History

1) Do you have or previously had the following? Please tick any that apply:

<input type="checkbox"/> Injury (last 12 months)	<input type="checkbox"/> Pregnant (last 12 months)
<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Thyroid condition
<input type="checkbox"/> Heart problems	<input type="checkbox"/> Recent/ major surgery (last 12 months)
<input type="checkbox"/> Stroke	<input type="checkbox"/> Chronic illness
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Back problems
<input type="checkbox"/> Seizures/ Epilepsy	<input type="checkbox"/> Arthritis
<input type="checkbox"/> Respiratory condition (e.g. asthma/ COPD)	<input type="checkbox"/> Osteoporosis
<input type="checkbox"/> Liver/ kidney disease	<input type="checkbox"/> Allergies
<input type="checkbox"/> Mental health	<input type="checkbox"/> Bleeding disorder
<input type="checkbox"/> Cancer	<input type="checkbox"/> High cholesterol
<input type="checkbox"/> Hernia	<input type="checkbox"/> Migraines
<input type="checkbox"/> Eating disorder	<input type="checkbox"/> Other

If you selected any of the above please specify and comment below:

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2) Are you currently taking any prescribed medication? If so please specify below:

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3) Have you ever been advised by your GP not to exercise, or see any reason why you may not be able to participate in physical activity? If so please specify below:

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4) Any other comments, important or relevant information:

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## PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

### **SECTION 3 - Release of Liability & Consent** - (Please read this section fully, sign and date below):

I can confirm that I have completed Section 1 and Section 2 of the 'physical activity readiness' form accurately and to the best of my knowledge. If there any changes to my physical/ health status and details I will ensure that I notify SofiActive before participation. I agree that I am in good physical condition and that I have no disability, impairment or ailment preventing me from participating in active or passive exercise that will be detrimental to heart, safety, comfort or physical condition if I participate. I have not had any advice from my GP/ doctor against participating in physical activity or exercise.

I understand the risks of taking part in physical activity and exercise, and also understand that the body's reactions to physical activity or exercise cannot be predicted accurately. I take full responsibility for any injuries or health complications that may occur whilst participating in any SofiActive programme. I will not hold SofiActive liable or responsible for any injuries or damages that I may obtain, and furthermore will not prosecute if such event was to occur.

I have been made fully aware that I can remove myself at any time from an exercise or activity that makes me feel uncomfortable or gives me extreme discomfort. I also agree to work with SofiActive and consider the advice/ recommendations that I am given, and recognise that a programme of regular exercise and healthy eating has many associated benefits.

I understand that any personal information provided will remain confidential and safely stored, unless in the case of an emergency whereby an ambulance or medical professional needs to be called. I also understand that my contact information may be used to inform me of changes and cancellations to my class or personal training session.

Any questions that I previously had have now been answered to my satisfaction.

#### **(Please circle):**

I **do** / **do not** give consent to be visibly photographed during my class or session for public use for promoting SofiActive services on social media and advertising material.

I **do** / **do not** give permission to receive information such as newsletters, blog posts, special offers, events etc... from SofiActive via email.

#### **(Please print your name, date and sign below):**

I \_\_\_\_\_ hereby understand and agree to the above terms and conditions, and confirm that I have fully completed/ read Section 1, Section 2 and Section 3 of the 'physical activity readiness' form. I am ready to participate in the SofiActive programme.

**DATE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_