

PRE-ACTIVITY QUESTIONNAIRE

**Please complete the following questionnaire before participating in physical activity.
If you are suffering from a medical condition or serious injury that may affect your ability
to exercise, please consult your doctor first. All information will be treated as confidential.**

Name: _____

Address: _____

Please read and complete the following carefully:

Has a doctor ever said that you have a heart condition? Yes/No

Do you have chest pain brought on by physical activity? Yes/No

Have you developed chest pain in the last month? Yes/No

Have you ever lost consciousness or fallen over as a result of dizziness? Yes/No

Do you have a bone or joint problem? Yes/No

Are you aware, through your own experience or a doctor's advice, of any physical reason
that would prohibit you from exercising? Yes/No

If you answered yes to any of the above questions, please give further details below.

***I have read, understood and answered the questions honestly. I am voluntarily engaging
in an acceptable level of exercise given my knowledge and will comply with any medical
advice I have received.***

***I undertake to inform my trainer of any change in my health that would change any
answer I have given on this form.***

Signed: _____ Date: _____