

# FIT-CAMP-UK

## PHYSICAL ACITIVITY READINESS QUESTIONNAIRE:

If you are planning to take part in Physical activity or an exercise class, start by answering the questions below. If you are between the ages 15 and 69 the questionnaire will tell you if you should inform your doctor before you start. If you are over the age of 69 years of age, and you are not used to being very active, check with your doctor. **All information will be treated confidentially.**

Answer **YES** or **NO**.

1. Has your doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor?	Y	N
2. Do you ever feel pain in your chest when you do physical activity?	Y	N
3. Have you ever had chest pain when you are not doing physical activity?	Y	N
4. Do you ever feel faint or have spell of dizziness?	Y	N
5. Do you have a joint problem that could be made worst by exercise?	Y	N
6. Have you ever been told that you have high blood pressure?	Y	N
7. Are you currently taking any kind of medication?	Y	N
7a. If you have said YES to question 7, please state what medication you are on in the space below...		
8. Are you pregnant or have had a baby within the last 6 months?	Y	N
9. Is there any other reason why you should not participate in physical activity?	Y	N
9a. If you have answered YES to question 9, please state what in the space below		

IF YOU HAVE ANSWERED YES TO ONE OR MORE QUESTIONS ABOVE;

Talk to your doctor either via phone or in person before you start becoming physically active, and before you commence your fitness assessment.

Tell your doctor about the questionnaire and which question(s) you have answered yes too, you may be able to do any activity you wish as long as you begin slowly and build up slowly, however you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kind of activity you wish to participate and follow his/her advice.

**IF YOU HAVE ANSWERED NO TO ALL OF THE QUESTIONS ABOVE;**

You can be reasonably sure that you can start to become more physically active and to take part in a suitable fitness programme.

**Remember** – You must begin slowly and build up gradually.

**PLEASE NOTE:**

If your health changes so that subsequently you answer **YES** to any of the above questions, you **MUST** inform your fitness or health professional **IMMEDIATELY.**

In light of your health changes please ask if you should change your physical activity or exercise plan.

Delay becoming more active if you fell unwell because of a temporary illness ....such as COLD or FLU & wait until you are better.

<p><b>I have read, understood and completed this questionnaire.</b></p> <p><b>All questions have been answered truthfully &amp; to the best of my knowledge.</b></p> <p><b>NAME:</b> _____ <b>Age</b> _____</p> <p><b>D.O.B</b> _____</p> <p><b>ADDRESS:</b></p> <p>_____</p> <p>_____</p> <p><b>PHONE NUMBER:</b> _____ <b>MOBILE:</b></p> <p>_____</p> <p><b>EMAIL ADDRESS:</b> _____</p> <p><b>EMERGENCY CONTACT DETAILS:</b></p> <p>_____</p> <p>_____</p> <p><b>SIGNATURE:</b> _____</p> <p><b>DATED:</b> _____</p>
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**WAIVER FORM**

This is an important legal document. It explains the risks you are assuming by beginning an exercise program. It is critical that you understand it completely. After you have done so, please print your name legibly and sign in the space in the space provided at the bottom.

**Waiver and Covenant Not to Sue**

I, \_\_\_\_\_ have volunteered to participate in a program of physical exercise under the direction of Dave & Simon which will include, but may not be limited to, weight and/or resistance training. In consideration of Dave & Simon's agreement to instruct, assist, and train me, I do here and forever release and discharge and hereby hold harmless Dave & Simon from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected with my participation in this or any exercise program including any injuries resulting there from.

**Assumption of Risk**

I, \_\_\_\_\_ recognise that exercise might be difficult and strenuous and that there could be dangers inherent in exercise for some individuals. I acknowledge that the possibility of certain unusual physical changes during exercise does exist. These changes include abnormal blood pressure, fainting, disorders in heartbeat.

I recognise that all participants prior to involvement in any exercise program should obtain an examination by a doctor. If I, \_\_\_\_\_ have chosen not to obtain a doctors permission prior to beginning this exercise program with Dave & Simon, I hereby agree that I am doing so at my own risk.

In any event, I acknowledge and agree that I assume the risks associated with any and all activities and/or exercises in which I participate.

I acknowledge and agree that no warranties or representations have been made to me regarding the results I will achieve from this program. I understand from this program. I understand that results are individual and may vary.

\_\_\_\_\_  
Client's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print name

**Comments**