

THE BALANCE MENTOR PARQ

PHYSICAL ACTIVITY
READINESS QUESTIONNAIRE

Name.....Date of Birth.....

Contact number.....

Next of kin name.....Emergency Contact number.....

For most people physical activity brings a lot of health benefits. This form is designed to help you decide whether you should seek medical advice concerning the type and level of activity you wish to do before commencing.

Please read the following questions carefully and tick the relevant answer:

Has a doctor ever said that you have a heart condition and that you should only take part in exercise recommended by a doctor?	Yes	No
Do you have pain in your chest when you do physical activity?	Yes	No
In the last month, have you had any chest pain?	Yes	No
Do you lose consciousness or lose balance due to dizziness?	Yes	No
Do you have a bone or joint problem that could be aggravated by physical activity?	Yes	No
Are you taking any medication for blood pressure or a heart condition?	Yes	No
Do you know of any other reason why you should not participate in a strength and balance class.	Yes	No

If you have answered **"YES"** to any of the above questions, then you are required to gain consent from your doctor before participating in these classes.

Delay becoming more active if you have had a temporary illness, make sure you feel better before returning to the class. If your health has changed, check with your doctor or qualified exercise professional before returning to the class.

Please outline any other relevant information that may affect your ability to participate such as: allergies.....

pre-existing conditions.....

medications.....

If you have answered **"NO"** to the all of the questions, and you are happy that these exercises are suitable for you, please sign the declaration below.

I understand that my body may not always respond predictably to physical exercise. I take full responsibility for monitoring my own condition during the activities. I will adjust my effort levels according to my capacity and, should I feel unable to continue, I will inform the instructor and stop exercising if necessary.

Signed.....Print name.....Date:.....