

Physical Activity Readiness Health Questionnaire

First Name _____ Surname: _____

Title Mr / Mrs / Miss / Ms Date of Birth: _____

Address: _____

Postcode: _____

Email: _____

Home Tel No: _____ Work/Mobile No: _____

Next of Kin: _____

Next of Kin contact number: _____

Please answer the questions below before commencing physical activity.

		Yes	No
1.	Have you been physically inactive for several years?		
2.	Are you 35 or over and not accustomed to vigorous exercise?		
3.	Do you smoke?		
4.	Do you get out of breath easily?		
5.	Do you suffer from asthma or any other respiratory problem?		
6.	Do you develop a cough or tight chest after strenuous activity?		
7.	Do you ever get chest pains during or after exercise?		
8.	Do you ever feel faint or have spells of dizziness?		
9.	Do you get palpitations or a thumping heart, or suffer from a heart murmur?		
10.	Are you aware if you have high blood pressure?		
11.	Are you aware if you have high cholesterol?		
12.	Have you ever had a stroke, heart attack or other heart problem?		
13.	Do you have a family history of heart disease or stroke?		
14.	Do you have any bone or joint problems such as arthritis, or a bad back?		
15.	Are you pregnant, or have you given birth within the last 6 months?		
16.	Do you have a medical condition not mentioned above such as diabetes or epilepsy?		
17.	Do you take any prescribed medicine?		

If the answer to any of the above questions is 'yes', we reserve the right to ask you to provide written permission from your doctor before allowing you to participate.

Please give further details here about any health/medical condition

Medical Condition	Details/ Medication

SAFETY RULES AND REGULATIONS

- Follow advice and guidance of tutor, trainer or coach during activity.
- Cease exercise or activity if you feel dizzy or unwell.
- Appropriate workout clothing and trainers must be worn – no street clothing or jeans.
- Drink plenty of water during and after physical exercise.
- Always warm up before training and allow time to cool down, including stretching.
- Please be courteous to fellow participants/staff and follow the rules of WSCC.
- Any member found to be ignoring the rules and regulations may be asked to leave.

ADULT DECLARATION (Over 16 years of age)

I declare that to the best of my knowledge the information given above is correct and that I know of no reason why I should not participate. I have read the safety rules and regulations and will use the WSCC in accordance. I understand that I enter into any sport/exercise programme entirely at my own risk.

Please sign below to give your consent for the information on this form to be shared, in confidence, with appropriate WSCC staff. Please be assured that the information will only be passed to others to maintain your health and safety, whilst you are at WSCC.

Signed: _____ Date: _____

How did you hear about the WSCC facility? _____

Would you like to receive marketing info about the WSCC facilities (Please tick box if no)

I can confirm that I have received a gym induction that covered my goals. If I have any further questions regarding the equipment I will ask a gym instructor for guidance:

Signed: _____

Data Protection Act 1998

The data that you have provided on this form will be used by the WSCC for the purpose of assessing your medical history, for participation in Sports and Fitness Activities. It will not be passed on to any third party not directly involved in these activities without your permission. The data will be stored securely and only used for the purpose originally intended.

Disability Discrimination Act: The WSCC strives to comply with all aspects of the Disability Discrimination Act and does not treat disabled people less favourably.