



www.nordicfitnesswalking.co.uk

Physical Activity Readiness Questionnaire

Name:

Address:

Please read carefully:

Please answer 'Yes' or 'No' to the following questions. If you answer 'yes' to any of the questions you may need your doctor's consent before you participate in Nordic Walking.

YES NO

- 1 Has a doctor ever said that you have a heart condition and recommended only medically supervised activity?
- 2 Do you have chest pain brought on by physical activity?
- 3 Have you developed chest pain in the past month?
- 4 Do you lose consciousness or fall over as a result of dizziness?
- 5 Do you have a bone or joint problem that could be aggravated by physical activity?
- 6 Has a doctor ever recommended medication for your blood pressure or a heart condition?
- 7 Are you aware through your own experience or from doctor's advice of any other reason why you should not exercise without medical supervision?

Please outline any other relevant information that may affect your ability to exercise.

Known allergies:

Pre-existing medical conditions:

Current medication:

I realise that my body's reaction to exercise is not totally predictable. Should I develop a condition that affects my ability to exercise, I will inform my instructor immediately and stop exercising if necessary. I take full responsibility for monitoring my own physical condition at all times.

DATE:

SIGNED:

IN CASE OF EMERGENCY, PLEASE CONTACT:

Name:

Phone No:

Address: