



Physical Activity Readiness Form

Name:		Email:		Date:	
DOB:	Age:	Home Number:		Work Number:	

Regular exercise associated with many health benefits, yet any change of activity may increase the risk injury. Completion of this questionnaire is a first step when planning to increase the amount of physical activity in your life. Please read each question carefully and answer every question honestly:

Yes	No	Has a physician ever said you have a heart condition and you should only do physical activity recommended by a physician?
Yes	No	When you do physical activity, do you feel pain in your chest?
Yes	No	When you are not doing physical activity have you had chest pain in the past?
Yes	No	Do you ever lose consciousness or do you lose your balance because of dizziness?
Yes	No	Do you have a joint or bone problem that may be made worse by a change in your physical activity?
Yes	No	Is a physician currently prescribing medications for your blood pressure or heart condition?
Yes	No	Are you pregnant?
Yes	No	Do you have insulin dependent diabetes?
Yes	No	Are you 69 years or older?
Yes	No	Do you know of any other reasons you should not exercise or increase your physical activity?

If you have answered yes to any of the above questions, talk with your doctor BEFORE you become more physically active. Tell your doctor your intent to exercise and to which questions you answer yes. If you honestly answered no to all questions, you can be reasonably positive that you can safely increase your level of physical activity gradually. If your health changes so you then answer yes to any of the above questions, seek guidance from a physician.

Participant Signature:	Date:
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