**ELITE STUDIOS**

**PHYSICAL ACTIVTY READINESS QUESTIONNAIRE**

Please complete all sections of the questionnaire and return to reception. If there any contraindications to physical exercise, reception will refer your form to the instructor to discuss further. In some cases, supporting medical evidence from a doctor may be required prior to commencing exercise.

**Personal Details**Name: Gender: male / female

Mobile: Landline Day:

Address:

Email:

Occupation: Date of Birth:

Emergency contact: Phone:

**History**

1. Have you ever had any of the following (please tick)?

Diabetes
Heart Problems
High / Low Blood Pressure
Stroke
Asthma
Chest pain
Arthritis
Epilepsy
Osteoporosis
High Cholesterol

If yes, please speak to your Instructor before commencing exercise.

1. Do you smoke? Yes / No
2. Have you ever smoked? Yes / No
3. Do you take any pills, tablets, medicine or medication? Yes / No

If yes, please describe …………………………………………………………………………………………………………….

……………………………………………………………………………………………………………………………………………….

1. Do you have a bone or joint problem that could be made worse by physical activity? ………………………………………………………………………………………………………………………………………………………………………………

Is there anything else that may affect you exercising? ………………………………………………………………………………………………………

**Declaration**

If having answered ‘yes’ to question 1, I can confirm that I have consulted a doctor and that I have clearance to participate in fitness classes at Elite Studios.

Signed ………………………………………………………………………… Date ………………………………………………